

Fertility Decision-Making: A Québec-Specific Analysis

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ABSTRACT

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This thesis examines different aspects considered during the fertility decision-making process that unfolds during a woman's life. In order to more fully understand how this important decision is taken (or arrived at), it was deemed necessary to investigate both women with children and women with no children, who are often viewed differently and who are not always asked to articulate their decisions to the same extent. Due to the temporal and ongoing nature of fertility and childbearing decision-making, interviews and self-directed questionnaires were used to obtain fertility histories of 26 women. Analysis of the collected data was made with regard to facets such as the meaning of motherhood; influences, desires and intentions; partners; decision-making and readiness; and contraceptive choices. Questions such as when decision-making begins and how it is negotiated with regard to other life objectives are looked at. Within a Quebec context, the analysis drew on theories from the Second Demographic Transition to frame the question and ongoing decision-making process, and from Symbolic Interactionism to seek detailed information from women themselves and acknowledge the high level of agency they exert in coming to a decision. As such, the women in this study had/will have fewer children than prior generations, and when they are older in age, and within either married or co-habitational relationships. Partners and age emerge as the strongest influences, as well as the primary decisional elements of consideration for both groups of women. The narratives show fluid and sometimes, negotiated, life paths that were not always in line with original intention or expected outcome.

Keywords: fertility; decision-making; childbearing intention; motherhood

Dedication

I dedicate this thesis to the memory of Debbie Boileau who supported my educational journey in many quiet and generous ways.

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Chapter 1 Introduction

How do women “decide” to have children or not and if so, how many will they have? In this temporal human event, decisions about fertility are often a result of many different variables at any given time. Partners, religion, age, education, and finances are just some of the factors that come into play during this decision-making process.

Do women with children differ substantially in their fertility decision-making from women with no children (yet or definitely)? How are these decisions different? What factors affect the decision-making of these two groups of women and which variables are given more consideration?

More has been written about the personal characteristics of women (whether they have children or do not have children), but less has been written about their actual decision-making process with regard to fertility. When does this decision-making begin and how do life factors affect this decision temporally during a woman’s fertile years? Is personal agency in their decision influenced or informed by institutional involvement, i.e. family, religion, education, culture, media, etc.?

Looking at these questions is important in terms discovering the different pathways to fertility decision-making, whether made early or later in one’s life, or when and how the decision-making is modified with regard to life circumstances.

The timing is appropriate for this kind of study, since there seems to be a more open discussion in society about this subject as can be seen in mainstream media, and women are more vocal about their choices to parent or not parent and are also more aware of the expectations and difficulties placed upon them with regard to their decisions.

Due to my personal experience I have continuously been motivated to understand the differences between women who decide (actively or passively) to have children and women who decide (actively or passively) not to have them. Having chosen at a young age to not have children, I have negotiated the questions and consequences with regard to my decision. I found conversely, that questions about fertility decision-making were rarely directed at women expressing desire for, or with, children. With sparse information available to show me that my point of view was shared, this thesis will hopefully add to the knowledge of the choices available and the oftentimes taken-for-grantedness of having children.

I believe my thesis will contribute to the literature as a complement to what already exists, presented from a less frequent point of view. It is an area less studied and so, it would seem important to add a new layer. Additionally, I think that an exploration of the area, although motivated by my own heuristic curiosity, could be an important contribution to this area of sociological research at a time when below-replacement level fertility is being raised as a concern in many developed countries (and who would perhaps like to understand or influence this fertility decision-making).

The literature that I have seen thus far looks at many of the variables individually and I hope to contribute to this literature by tying together the aspects of choice, such as desire, intention, partnership, etc. into a single thesis regarding decision-making and the qualitative weighting of the importance of each aspect.

Research questions

Based on my exploratory approach, these are some of the questions I hoped to find explanations for:

- Did women with children differ substantially in their decision-making from women with no children (yet or definitely)?
- What factors affected the decision-making of these two groups of women and which variables were given more consideration?
- When did this decision-making begin and how did life events affect this decision temporally during the woman's childbearing years?
- Was their personal decision influenced or informed by institutional involvement, i.e. family, religion, education, culture, media, etc.? What about other people's perceptions of them?
- If a woman has a stable partner, how will that affect, and what role does that person play, in her fertility decisions?
- Did childhood experience have any effect on their decision-making?
- Did women have children if they were not ready in most of their expected spheres (partner, housing, education, career, etc.)?

To search for answers to these research questions, I examined this decision-making process through interviews/questionnaires with 26 women between the ages of 30 and 52 in the context of contemporary Québec. Of these 26 women, 17 women have children (or were pregnant) and 9 women do not have children. In order to see the larger picture, one category could not fully be understood in the absence of the other, therefore it was crucial to have a sample that incorporated both women with children and women with no children. With respect to the women with no children, I focussed on women who intentionally chose to forego childbearing and women who did not (yet) bear children through life circumstance. Women with infertility issues were not included since their decision-making has been altered by biology and not necessarily influenced or informed by personal agency or institutions.

Quebec lends itself to this thesis in terms of practical geography and of some differences with regard to certain aspects of the decision-making process. Cohabitation,

and childbearing within that union, is an accepted practice in Quebec more so than in the rest of Canada, North America and as compared to much of the industrialized countries. And yet, the Catholic Church has had an influence on childbearing outcomes in the province in a more pronounced way than in other provinces (Lapierre-Adamcyk & Lussier, 2003). As well, Quebec has generous governmental programs and assistance that Quebec women can consider when making fertility decisions (such as subsidized daycare, a one-year paid parental leave, a five-week paternal leave, monthly federal and provincial child benefits, and tax credits to name some).

This thesis has been divided into chapters, the first which includes a review of selected literature that details the works selected in relation to the aspects associated with fertility decision-making and which is broken down into sections which follow the process of thought, interaction and action leading to fertility decisions.

The theoretical frameworks used (Second Demographic Transition and Symbolic Interactionism) are presented with their predominant characteristics which help interpret the fertility decision-making generally, as well as in a Quebec context. The Second Demographic Transition provides the theoretical grounding for the main question and Symbolic Interactionism gives theoretical form to how the personal decision is made and approached in the thesis.

The chapter on methodology explains the characteristics of the participants in this thesis as well as the procedures employed to locate them, gather their contributions and analyze the results. In this chapter the limitations of this thesis are also presented.

The results are presented in the core chapter which is structured according to the categories of concept already outlined in the literature review. In the discussion and conclusion chapter, the salient results, as well as their confirmation or departure from the

existing literature and research questions posed, are presented in addition to suggestions for further research.

Chapter 2 Review of selected literature

For comparison and continuity purposes, the literature review has been laid out in the same sequence as the results section will be. The articles and books touch upon many areas in addition to sociology, such as psychology, family, aging and cultural studies.

The literature review begins with the concept of motherhood, which is formed quite possibly as a result of many influences, and which then creates a desire (or not) for children and also then helps to define childbearing intentions. Partners (as well as other factors) are implicated in this process and help and contribute to concrete decision-making and readiness to have or not have children. Contraceptive and proceptive behaviours (Miller & Pasta, 1995) are situated within this decision-making framework. As a result of these behaviours, expectations (of how many, if any) may change, and outcomes may be modified. Because of this linked train of thought, the literature review (and ensuing results section) follows as such: Concept of Motherhood; Influences, Desires and Intentions; Partners; Decision-making and Readiness; Contraception; Expectations, Changes and Outcomes.

The Concept of Motherhood

It is possible that in the early years of a woman's life –pre-pregnancy, pre-life course (partner, education, work, etc.) – women intending to have children have already “chosen” their identity as a mother. A motherhood “ideal” seems to introduce itself at a young age in many spheres of a girl's life: from toy babies to family simulations and representations that present themselves in culture, education, media, religion, etc., to the (c)overtness of construction of what a “good” mother is. Maher & Saugeres (2007) ask whether women who choose not to have children do so to opt out of that untenable situation (that of adhering to the role of “good” mother). Although the concept of motherhood is abstract, many women refer to the specific actions of mothering (feeding, nurturing, bathing, school and activity-related

activities, etc.) rather than the related expectations (producing exceptional children) (Maher & Saugeres, 2007). Given the daily practices of mothering, it is possible that women with no children find less comfort in that sameness and are more influenced by the distaste for that lifestyle than the pre-existing cultural ideals that could guide them toward it (Maher & Saugeres, 2007).

As Schwartz (1993) states, recent generations of women (born roughly after 1960), have been the first generation to also have an expectation of educational/professional achievement in addition to motherhood. She also posits that the idealized image of motherhood (prior to 1960) is still the same vision of “motherhood” that society holds on to today while the individual experience of motherhood does not live up to that image.

There is certainly an emotional component to having or not having children. Although a decision to have or not have children is based on many combined and competing factors, the decision can never be fully understood until the child is born and life with a child has begun (Sevon, 2005). This desire to have children, or to not have children, can stem from a conscious or unconscious identification (or not) with the different meanings of motherhood (Sevon, 2005). This desire and/or emotional need is abstract and only partly explicable, and motherhood as an abstraction seems to become a primary consideration rather than the reality or the day-to-day work of motherhood. This day-to-day obligation becomes a “labour of love” and is downplayed in relation to the ethereal qualities of motherhood (Sevon, 2005). It is fair to say that some women can balance their emotional desire to have children with a realistic view of what awaits without basing their decision solely on the media and cultural portrayal of motherhood as continuously easy and gratifying (Charbonneau, 2000). It could be that the decision to not have children is based

on the avoidance of the daily obligations, the rejection of motherhood as an innate or obligatory desire, and perhaps a conflict with other life objectives.

However, the decision to have or not have children is still made within a wider social context (Mitchell & Gray, 2007) and so, either decision is subject to approval, disapproval, commentary, and input depending on what overt clues each woman gives with regard to her personal decision. This reason (to have children) is evident in the motherhood ideal previously pointed to: of self-sacrifice, inherent and continuous maternal instinct and of fulfillment. Because motherhood or non-motherhood is set up as a dichotomy, pitting positive (nurturance, maturity, satisfaction) versus negative (self-interest, immaturity, un-fulfillment), it is quite possible that women are expected, or perhaps even take on the role, of “mothering” something else (pets, books, students, etc.) (Schwartz, 1993; Upton, 2012; Crozier, 2006; Valenti, 2012).

The concept of motherhood, in addition to biological ability, seems to be a factor in the determination of whether to have children or not. Seemingly, women who voluntarily do not have children do not view motherhood as essential and also often view the tradeoffs of having children as not enough of an impetus to have any. Women who decide to have children would conversely feel that the costs and satisfaction of having children balances out enough to warrant having them (Lee & Gramotnev, 2006; Maher & Saugeres, 2007).

Women desiring children may anticipate the joy and tenderness associated with children, whereas the women desiring no children may see the loss of freedom and intimacy as a hurdle that need not be tackled (Hird & Abshoff, 2008; Lemieux, 2008). Contrary to much of the literature, Hird & Abshoff (2008) and Mcquillan et al. (2008) found that having a career is not as predominant a reason to not have children as is stereotypically portrayed.

Rather, having children seems to compete more with leisure time and pursuits than with a career.

Regardless of the decisional outcome, the motherhood concept is not formed in a vacuum nor solely based on personal experience with one's own mother. There are many influences that fan or extinguish the flame of desire to have children or not, and which help women develop their intention, or plan, going forward.

Influences, Desires and Intentions

The question of influence, desire and intention is difficult to qualify in a consistent and generalized way since, as Miller & Pasta (1995) discuss, the operationalization of intention is problematic in that the question is asked differently in different studies.

Although the end result desired by both researcher and subject might be to know how many live births will be the result of a particular woman's fertile life, issues such as factors of time (timing intentions, within a specific timeframe, etc.), as well as viewing fertility behaviour as an invariable outcome (rather than a variable one), also complicates the question for researchers.

Miller & Pasta (1995) do present a generalized pattern that will be referred to and used during this thesis. They contend that a motivation stemming from attitude or belief (which can be influential) will lead to a desire and creation of an intention (which takes into account the other factors) and which will then direct one's (contraceptive/proceptive) behaviour. This is closely presented by Gauvreau (2009) who cites a study that presents a planned pregnancy as following a pattern of desire (wants to be pregnant), combined with intention (evaluating factors such as timing and partner) and with proception (the stopping of contraception). In this section of the literature review I will focus on the influence, desires and intentions with regard to fertility decision-making.

A woman's decision-making is likely subject to input from many other social and institutional spheres. Family members, friends, neighbours, colleagues, religion, culture, governments, etc. all feel they have a say in fertility decisions and do this through questions, comments, images, etc. (Bernardi, 2003). Partners are also influential and will be presented further on in the literature review. In Bernardi's work, it seems that women with children are reluctant to state, or unable to articulate, that there were influences other than their own agency (Bernardi 2003). Opportunities to be around children abound and often the positive effects are given a more prominent feature than the negative aspects which may lead some women to feel that they would be missing out on something if they did not have children (Bernardi, 2003).

Societally, a reproductive body is a productive body and it is assumed that this reproduction can be planned and managed (Upton, 2012). This socially valued norm of pronatalism is internalized and influences individual choices, and these societal expectations could impact the desire of whether to have children or not; and if so, when (Hird & Abshoff, 2008; Miller, 1994; Mitchell & Gray, 2007).

Regardless of the chosen life course, there still exists a common viewpoint of what is "appropriate" for the particular milestone of having children (Menaghan, 1989). If a woman is too young or too old, not educated enough, or even pregnant outside of a long-term relationship, her decision may often be met with disapproval or criticism. Women have come to have children later in life as a result of educational and career choices and are referred to as "postponers" with regard to family creation. This is cause for concern since the later a woman waits to have children, the shorter the childbearing window, the more difficulty she may have having them, and the fewer children she will potentially be able to produce (Gauvreau, 2009; Lapierre-Adamcyk & Lussier, 2003; Weston & Parker, 2002).

Dykstra & Hagestad (2007) speak of the notion that “if you have a life, you are a parent” (1276). They also mention that this “standard life script...guides individuals’ expectations about what lies ahead in their own lives and forms benchmarks for evaluating the life progress of self and others” (1277). Life benchmarks and milestones have changed somewhat over the last decades, and the group of women that I will be looking at in this thesis would be part of a generation whose “normal” life trajectories would differ from their parents’. Because education and work opportunities for women have opened up considerably over the past 40 years, this generation has had to consider more choices than the majority of their mothers did. Where once high school was often the highest level of completed education, contemporary women have had a life trajectory that was a lot less clear than “school-marriage-child(ren)-potential paid work and/or education after childrearing”. The trajectory now is more about “school-paid work/career-marriage-house-children-return to career/paid work” (Sassler et al., 2009).

What has not changed though, is that motherhood is seen as a “normal” part of these life courses (Sevon, 2005). Because this decision to have children as part of the life course is often made pre-adulthood (and in a continuous and ongoing way) without the knowledge of what lies ahead, the actual outcome or timing is now bound up by negotiation and/or existence of work, education, partners, etc. (Sevon, 2005). In conversations with her respondents aged 14-19, people who had not yet hit any one of the major life steps, Royer (2009) found that they (the respondents) saw a hierarchy in their life path: education, work and money, leisure, house and then finally, children which supports Lemieux’s (1996) assertion that leaving the family home has supplanted marriage as the important rite of passage into adulthood.

Is choosing to have children so pivotal as to change the course of a personal life story and its presupposed trajectory? Lee & Gramotnev (2006) posit that there is “...evidence (that) suggests that (young women) see education, employment and financial security as more central to a happy and successful adult life than...motherhood” (6). However, having children clearly signals that adulthood has arrived because of the acceptance of the level of responsibility (Royer, 2009).

Although leaving the family home is a sign of adulthood, and family and extended family have no doubt exercised some influence on decision-making, Hird & Abshoff (2008) have found that little about the childhood experience per se determines the choice of whether or not to have children. B.-Dandurand et al. (1997) found the opposite to be true in that they concluded that there was a direct link between childhood experience and desire.

As Miller (1994) and Iacovou & Tavares (2011) point out, desires are feelings, unbound by any constraints or end objectives. Desire can take on many variations and levels, and hoped-for outcomes; it is not limited by reality. Desire could include the feeling of yes/no/maybe of childbearing, the number of children desired, and the timing of having (more) children. Iacovou & Tavers (2011) state that in their study, among the myriad of reasons to have children, the largest reason was that they wanted to be a mother. Overall (2012) sees this as a thin connection between motivation and actual capacity.

This desire impels the formulation of an intention – a concrete plan toward fulfilling the desire. This imagined course of action, although with a specific purpose in the case of childbearing, points to a very small window of optimal timing in a woman’s life, where personal and/or professional aims are synchronized (Miller, 1994; Gauvreau 2009). Although perhaps within a limited timeframe, intention will not be the only determining factor, rather intention will take into account factors such as partner status and life

circumstances (B.-Dandurand et al., 1997; Klerman, 2000; Iacovou & Tavares, 2011). The intention will lead to behaviours (Miller & Pasta, 1995) that are in line with the intention to have or not have children.

Despite intentions to perhaps have children at a later date, increased knowledge of fertility and the availability and efficacy of contraception, women nonetheless find themselves in situations of unintended pregnancies. This increase in unintended pregnancies, as per Klerman (2000) are more a lifestyle result due to: “later marriage,...sexual activity outside of marriage, earlier initiation of sexual activity, a large increase in the number of out-of-wedlock births, and a decline in the stigma attached to illegitimacy” (156). However, unintended does not necessarily mean unwanted (although often used synonymously). Reasons such as age, marital status, early stage of relationship, financial instability, interference with personal objectives, enough children, or wrong partner could be used to explain why a pregnancy might be considered unintended (Klerman, 2000). Therefore, unintended could mean not now (mistimed) or not ever. Even if mistimed though, the actual (mis)timing could possibly not be as huge a factor for women who intend to have children at some point, since the intention is clearly to have one at some point (Klerman, 2000).

When the influences have created desires and intentions to have or not have children, and the planning toward that end goal is in place, many factors are weighed (consciously or not), and partners play a large role in the outcome of a woman’s intentions.

Partners

The literature explores the notion that marriage and childbearing go hand in hand. In keeping with the Quebec context, when discussing partners in this thesis, married and common-law will be synonymous unless otherwise noted.

In the life course, marriage and childbearing are often seen as a joint decision – one will ultimately follow the other. The link between the two is often seen as self-evident (Bernardi, 2003), but increasingly less so. Finding a good partner for marriage/cohabitation and childrearing would most likely be an important part of a woman's decision-making process with regarding to fertility and childrearing. Valenti (2012) references a survey that indicates that three-quarters of the participants believed that having children was best within a marital context. Whether this could also apply to the common-law reality that exists, one could imagine so. Miller (2012) suggests though that cohabitation, as opposed to marriage, might offer a middle ground with fewer obligations to respond to the marriage/child expectation. Despite the differences in numbers between Quebec and Canada, and Quebec and the rest of North America, Quebecers view common-law relationships as almost equivalent to being married (especially when it comes to having children) since they live in more common-law relationships than in the rest of North America. Although perhaps attributed to an “outside marriage” context, common-law relationships and the childbearing that may ensue is particularly accepted in Quebec more so than within the rest of North America (Kerr et al., 2006) since about two-thirds (63%) of the children born in 2012 were born to parents who were not legally married (Girard, 2013). B.-Dandurand et al. (1997) though, found (at that time), that marriage was more appropriate for family development and the expression of childbearing desire.

Where once marriage signaled and confirmed a couple's existence (with the preamble of engagement and wedding planning), sometimes the life sequence, especially in Quebec, is marked more by subtler transitions such as leaving the family home at a young age, moving in with one's partner, or having a child together despite the lack of “legal” marital status. In the context of a common-law status it is possible that having children

together ritualizes and confirms a relationship much as marriage does for other people (Bernier & Lemieux, 1998).

Despite the tangibility or intangibility of the form of the “couple”, the possibility of remaining together as a couple to raise common children (as the case may be), or splitting up, still remains, and the choice of partner is just as important to the life of any children they may have together. In the normative social view, and within a heteronormative context, the question is not *whether* a couple will have children, but rather *when* and *how many* (Sevon, 2005), therefore the choice of partner is important. This however, presupposes a healthy and equal relationship and perhaps an idealistic view that each couple will agree on all aspects of the decision, including timing (Sevon, 2005). Because marriage with childbearing is seen as a way of completing a couple (Bernardi, 2003), it could be presumed that people seek out a partner to give meaning to their pre-chosen path of marriage, family and household.

People are looking for a stable partner from a young age (B.-Dandurand et al., 1997; Charbonneau, 2000; Lemieux 1996), presumably with the intention of a long-term commitment and all the future life choices that might entail. Mitchell & Gray (2007) state that, without a relationship, people are less likely to see a child as part of their future plans and that this finding is consistent with other studies. Qualitative research with women with no children shows that fertility expectations are closely linked to relationship status (Mitchell & Gray, 2007) and Jadvá et al. (2009), whose study was with intentionally single mothers, still showed that a significant amount of her participants would have preferred having a child with a partner. Testa & Toulemon (2006) found that despite the small percentage of women who are single mothers (intentionally or not), having a partner “...is the most relevant life course variable that influences the childbearing outcome” (61).

Weston et al. (2004) and Keogh (2006) state that women view a partner or stable relationship as a necessary and significant factor. This also lends support to Jones' (2008) assertion that people desire a traditional two-parent, nuclear family, necessarily including a partner.

In addition to wanting a partner to have a family with, partners also have a substantial amount of influence on a woman's childbearing intentions. Thomson (1997) cites results that show that a husband's intentions to have children have as much influence on childbearing outcomes as their wives' intentions do. Qu et al. (2009) state that when men are the partner with the higher desire than the woman, chances of separation are increased since he would essentially need to leave and re-partner in order to fulfil his childbearing intentions (and given men's longer fertile age span, this enables them to more easily obtain this goal). Miller (1994) points to shared common life experiences that help to influence each other in this regard and that the perception of the other partner's fertility desire will be part of one's own consideration when determining intention.

One can well imagine that having a child with a partner also helps in terms of financial support. Many women today do paid work before, during, and after childbearing and it is often suggested that being a good mother or being a good worker is a dichotomous situation (Sevon, 2005). However, when a woman has a job to return to, this often helps in the decision-making as does the ability to return to work part-time if financially feasible (Maher & Saugeres, 2007). Maher & Saugeres found that some women did not internalize this paid work/children dichotomy as presumably many of their employers did (Mcquillan et al., 2008). One of their respondents stated that she "...always felt that (she) was going to do both" (Maher & Saugeres, 2007: 16). B.-Dandurand et al. (1997) found that their participants thought it natural that work and career would go together with a partnership

and having children. Mcquillan et al. (2008) state that the work and children combination benefits men and is detrimental to women, potentially because women remain hardwired to be mothers at all times and even refer to not returning to work in terms of not “needing to” in financial rather than in fulfillment terms. According to Shelton & Johnson (2006) though, the dichotomy rests more in terms of goals, measurements, and feedback – factors that are tangible and clear at paid work, but less so in motherhood.

However, studies have shown that when a separation or a divorce occurs, relying solely on one income with perhaps some child support payments shows women that their “voluntary sabbatical” has not helped them to regain their footing in the work place (Howard, 2007).

Although having a partner is a huge part of a woman’s equation in realizing her intention to have or not have children, it is not the sole factor considered in her fertility decision-making and readiness. The following section outlines other aspects that are considered (usually in tandem with the partner factor) when determining one’s readiness and decision-making.

Decision-making and Readiness

Decision-making often presupposes rationality, a deliberate weighing of pros and cons, an ability to anticipate and/or dictate an outcome (Lehrer, 2009). The decision-maker must also have moral agency, authority and freedom in order for the decision to have ethical significance (Overall, 2012). Esteemed thinkers, such as Descartes, Plato and Freud divided decisions into good (rational) and bad (emotional). In order to arrive at a correct and thoughtful decision, one aspect has to be suppressed – and more often than not, the emotional aspect of decision-making is not considered as weighty as the rational one (Lehrer, 2009).

Lehrer (2009) also raises the concept of decision-making in relation to a “loss aversion”. Because we are wired to not want to lose anything (time, money, face, experiences, status...) we make decisions that reinforce our gain. This can be applied to fertility decision-making on two main fronts. On the one hand, people who do not want to lose out on living the experience of parenthood may go ahead despite not having all the “perfect” criteria in place (money, partner, education, housing, work, etc.). On the other hand, people who do not want to lose out on living other experiences may opt out of parenthood because they fear too much loss in the decision (money, freedom, time, relationships, opportunities, etc.). It is possible that that fear has a “distorted sense of (the) risk” involved and they view the whole parenthood experience as a negative; or conversely, that the loss of not having the experience of parenthood would be too severe a loss (Lehrer, 2009).

An offshoot to the concept of loss aversion is what Lehrer (2009) calls the “framing effect” whereby people will view a situation depending on how it is framed. In the case of decision-making with regard to fertility decisions, motherhood could be framed as a glorious experience that one should not miss out on, or it could be framed as succumbing to the grind of everyday parenthood. People are more willing to gamble than they are to lose; hence, their decision will be looked at from a potential pay-out point of view (Lehrer, 2009). Will the emotional and physical costs of having children pay a dividend in terms of joy, lineage, future care, unconditional love? Or might there be only a small return on that particular investment?

However, human nature has it that we will frame things to fit our personal narrative, a form of rationalization. We will accept and incorporate arguments and facts that support what we believe and dismiss anything that goes against it. So, in terms of

fertility decision-making, the positive consensus to have children that is witnessed by multiple generations is an argument in itself that motherhood is normal and natural and part of the social fabric of our lives. We exclude from this narrative the negative and less natural (such as women who succumb to depression once they are mothers; the children born into conditions where basic necessities such as adequate food or shelter are not met; or the women who, although rare, kill or abandon their children).

In terms of our own decision-making, Lehrer (2009) posits that we might even ignore or invent facts to rationalize our decisions; we silence any dissonance or chatter through our own conscious ignorance. So for some, all motherhood experiences are subject to patriarchy and place women in positions of powerlessness, and for others the experience is agentially arrived at and an empowering truth. The simplistic dichotomizing of the situation notwithstanding, there is truth, fiction and a cross-section of both in all spheres of any decision-making. Despite rationalizing our decisions, Overall (2012) signals the assumption that choosing to procreate is not simply a pragmatic decision, but rather it is one with moral repercussions.

Regardless of which truth we are working with, many major decisions are sometimes better when the emotional brain is given more influence. It helps to avoid analysis paralysis in the face of too much information and too many variables. Lehrer (2009) states that the longer we analyze and antagonize, the less satisfied we are with the decision. That is not to say that fertility decision-making should necessarily be a spontaneous, emotional decision, but that in some instances, the saying that “if we wait to be ready, we won’t have any” could lend credence to jumping in with both feet rather than agonizing over the decision ad nauseam. Additionally, in relation to unintended or mistimed pregnancies, this notion of emotional decision-making may play a part. Bernardi

(2003) states that there is a “relationship between the behaviour and the meaning associated with it” (Bernardi, 2003), therefore the action to have or not have children comes with the accompanying expectations and stereotypes that the decision entails.

These decisions about fertility intentions and outcomes are rarely made in a vacuum; considerations about health, partnerships, readiness, career, education, etc. certainly come into play (Lee & Gramotnev, 2006). Maher & Saugeres (2007) view this decision-making as difficult because of the expectations to have a child versus a woman’s own fears about motherhood or reluctance to alter their lifestyle. Arguably, there is more positive social weight accorded to parenting than non-parenting since parenthood is often viewed as a “natural progression”. Thus, occupying a normative social state is desirable and in this regard women with children seem less able to articulate their decision-making process with regard to having children (Maher & Saugeres, 2007; Menaghan, 1989).

Within this presumed normative state of parenthood used to reside a linear life sequence for decision-making and readiness. The sequence is now less linear, however it still contains many of the essential components in what Sassler et al. (2009) call contemporary prerequisites, such as stable relationships, career and home (Lemieux, 2008; Sassler et al., 2009; Weston et al., 2004). These contemporary prerequisites have become more engrained and have helped lead to delayed decision-making due to people “setting themselves up” (Mitchell & Gray, 2007: 43). Like B.-Dandurand et al. (1997), Weston & Parker (2002) found that people are investing in themselves through work and school prior to having children.

Having these factors in place has also helped women move forward with mistimed and unplanned pregnancies (Klerman, 2000). Financial stability is part and parcel of the contemporary prerequisites and it is noted as a big concern by Sassler et al. (2009), and

enabled Jadva et al.'s (2009) participants (intentionally single mothers) to go forward with their decision to have children. As Lauster (2012) demonstrates, parenthood is a social performance and hence subject to evaluation. Therefore, actors want to play the role "correctly" by ensuring that their readiness is visibly apparent.

Age is another key factor in decision-making and readiness. Biological age, maturity, and physical age-related fecundity are all part of age-related assumptions that we make about fertility decision-making and readiness. Presently, being young is potentially a reason for intentionally delaying childbearing and as such, decision-making in this regard remains a possibility as long as a woman is still fertile (Test & Toulemon, 2006; Coffey (Touchwood), 2006). B.-Dandurand et al. (1997) see this as a thought-out decision with regard to desire, in that the desire is put on hold until the right time. However, on the other side of this intentional delay is the possibility of future involuntary delay or secondary infertility (Test & Toulemon, 2006; Upton, 2012).

Considering the factors that could be weighed and reflected on in the decision-making process, it is quite possible that some people do not consciously or actively analyze them. This can lead to passive decision-making (which can sometimes appear as ambivalence) where there is a perceived lack of concern (Klerman, 2000). Perhaps while acting within internalized norms, the consequences of any mistimed/unintended childbearing occurrences "....are defined a priori as positive and socially reinforced" (Hollerbach, 1980: 151). This passive decision-making however, does not lead a person to consider their full range of choices (Hollerbach, 1980).

Because the desire for children is a multidimensional, biological and social process (Sevon, 2005), decisions regarding fertility and childbearing are often made in conjunction with, and mediated by, factors such as education, careers, age and marital status (B.-

Dandurand et al., 1997; Lapierre-Adamcyk & Lussier, 2003; Lee & Gramotnev, 2006). In many cases, fertility decision-making can, in addition to being contingent on many factors, also rely on contraceptive and proceptive behaviours.

Contraception

This next section regarding contraception is addressed to the heteronormativity of biology with regard to fertility. It is thus not meant to intentionally exclude or ignore homosexual or lesbian sexuality or fertility issues.

A woman's biology plays a big role in fertility decision-making. The biological capacity to have children is perhaps the largest differentiating factor between females and males. Because this reproductive ability is present for most females at the onset of menstruation, there is a definite and ongoing choice that needs to be made with regard to fertility during a woman's life course. Sevon (2005) states though, that by not becoming pregnant up to a certain point, some sort of reflection has to have been present - whether the end result is to have children or not to have children.

Decisions surrounding fertility have to be made by almost every woman at some point, and these decisions have become simultaneously more simple and more complex given the "availability and acceptability" of contraception and abortion (Sevon, 2005). Whether a woman abstains from sexual relations, uses contraceptives, continues with the pregnancy or has an abortion, she has made a decision with regard to her biological, reproductive outcome.

Contraceptive choice is an overt manifestation of fertility intentions, but which may be in conflict with covert outcome desires or expectations. In this regard, it is important to look at contraception as part and parcel of the fertility decision-making process since its use

(or non-use) is a large part of agency with regard to a woman's fertility and timing decisions. As Lapierre-Adamcyk & Lussier (2003) mention, choice and desire were made more available with contraception.

Within the range of contraceptive choices, each of the methods carries with it its own level of desirability, accuracy and efficacy. Each method is also imbued with various factors of consideration such as: accessibility, affordability, ease of use, partnership context, knowledge, beliefs, side effects, and outcome percentages. Cultural and religious factors can also add to the psychological and perhaps ethical issues for women and their partners. Added to those factors already mentioned are attached issues of knowledge, comfort, age, and lifestyle habits. And as with fertility decision-making, choice of contraceptives will also be subject to personal histories, influences and experiences (Beckman & Harvey, 2005).

However, given the choice, women and men would most likely prefer the method with the least amount of cost, disturbance, diminishment of pleasure, or intrusion – namely, nothing. Therefore it is possible that many contraceptive choices may be based on preference rather than efficacy (Schwartz, 1993; Severy & Newcomer, 2005), the childbearing intention notwithstanding.

Regardless of the method of contraception chosen, there will continue to be pregnancies that occur whether they were planned or unplanned, intended or not, desired or not. However, choices about contraception are not always in line with procreation intentions resulting sometimes in unexpected, mistimed or undesired results. The use of natural methods such as the calendar method and withdrawal, which once used to be the only sanctioned method (mostly due to religious reasons in Quebec) and which, due to its lower efficacy rate in preventing pregnancies, leaves a higher probability to get pregnant (Gauvreau et al., 2007). This method lends itself well to passive decision-making since the

possibility of pregnancy just “happening” can be avoided or indirectly allowed (“oops”, “happy accident”).

It is clear that in many contexts termination of pregnancy and/or of fertility comes against many hurdles – religious, social, legal, cultural, etc. Although termination of pregnancy is quite different from permanently terminating fertility, they are both subject to incomprehension by some since they both interfere with the taken-for-grantedness of childbearing. The gestures (termination or sterilization) become more about sex and less about fertility planning (Upton, 2012).

In essence though, there should be enough of a variety of contraceptives to enable women in this generation to make elucidated and practical choices regarding their fertility and their desired childbearing outcomes. Whether their choice is for now or for later, the timing of childbearing can, for the most part, be planned (discounting any fertility issues) with ease and access to contraceptives. Should a woman decide to not have children (now or ever), the contraceptive or sterility choices available are also key in personal agency with regard to fertility decision-making.

Expectations, Changes and Outcomes

In this section, although the focus will be on women’s personal expectations of having or not having children, it would be remiss to not mention societal expectation that may have affected, covertly or not, personal expectations. Expectation differs from influence in that expectation is the strong belief in what is most likely to happen (what the final result will be), and influence refers to what may have an effect on that expectation.

Balancing personal expectation with societal expectations is demonstrated in an interviewee’s quote and example in Upton’s (2012: 56) chapter: “Everyone just expects you

to have kids, I mean, everyone expects you to have them, and to have a certain number of them...” In fact, this balancing act can be quite treacherous sometimes as shown in an example given by Upton (2012) of a couple who faked infertility in order to avoid the expectation/social obligation to have more than the one child that they were satisfied in completing their family with.

Expectation to have children can be interpreted as an assumption that one will have them and Jadvá et al. (2009) cites that a large majority of her respondents (86 percent) had assumed they would have children (which may have motivated their journey into intentional single-motherhood). Because expectations can be measured more by achieved (or achievable) fertility rather than solely with intentions, expectations may not always manifest in actual behaviour (Iacovou & Tavares, 2011; Mitchell & Gray, 2007).

Not only are expectations usually geared toward having children, but they are also geared toward a certain number of children. Couples show a preference for the idealized two-child norm (preferably one of each sex) (Ambert, 2006; Upton, 2012; Weston et al., 2004) and this norm can affect and effect a revision in the number of children (Iacovou & Tavares, 2011). As stated by Weston & Parker (2002), having two children is less of a financial commitment (than having more children), provides enough familial love and is enough to ensure the social benefits and networks, such as increased social circles.

Referring to the Quebec context in this regard, Lapierre-Adamcyk & Lussier (2003) showed that family size went from an average of five children per family at the beginning of the century to an average of less than two children by 2000. Additionally, the women of the latest generations would have also come from smaller-sized families of three children or less. This would lend weight to expectations for Quebec women to also be in line with a preference for a two-child family.

Given the dynamic nature of life and fertility expectations, some of the factors in addition to the two-child ideal, which can affect variations, are: changed values and attitudes, changed personal circumstances (partnering, separation, and employment status) and changes in reproductive capacity (Iacovou & Tavares, 2011; Lapierre-Adamcyk & Lussier, 2003; Mitchell & Gray, 2007; Porter et al., 2006). Other factors could be a woman's change in perception (opportunity costs, effect on marriage, career, health, etc.), and the long intervals between intention and outcome will additionally likely effect change (Iacovou & Tavares, 2011). Porter et al. (2006) also mention mental and physical health and prior pregnancy and childbirth experience as reasons to change childbearing outcomes. Lapierre-Adamcyk & Lussier (2003) mention that outcomes can also be modified as reality and responsibilities set in and additionally, that the precariousness of relationships and of long-term employment can also contribute to delays leading to changes in fertility expectations.

These changes can be both upward and downward, although change to expected number of children is more often modified downward (Iacovou & Tavares, 2011). Partnering can alter the expected number downward if a partner has a lesser childbearing intention or already has children, or upward in the case of new relationships after divorce/separation (Iacovou & Tavares, 2011).

As women age, this also brings about a decline in expectation, essentially because the childbearing "...window is much narrower than the window defined by biological fecundity..." (Iacovou & Tavares, 2011: 116). Lapierre-Adamcyk & Lussier, in a Quebec context, showed that for the cohort born between 1956 and 1961 (and presumably similar for the ensuing cohorts) almost 80 percent of women will have two children or less, with a little more than 20 percent of them having no children at all.

The final childbearing outcome in relation to desires, intentions, expectations and changes can be in accordance with what was desired or intended at the outset, or expectations can be managed in accordance with individual factors affecting one's personal history.

Chapter 3 Theoretical framework

This post-1990 Quebec-specific analysis of fertility decision-making lends itself well to two main theoretical frameworks. The first framework which informed my perspective is the Second Demographic Transition (SDT). This theory is characterized by a series of demographic changes taking place in demographic regimes with low fertility and mortality (First Demographic Transition: FDT); these changes mostly affect life configurations, such as fewer marriages, higher divorce rates, higher cohabitation, and declining fertility due to postponement and better methods of contraception. The second theoretical framework is inspired by Symbolic Interactionism (SI) which allows for women's agency and bases analysis on individual, first-hand accounts. Although the symbolic interactionist theoretical framework is largely a micro-level theory, it nonetheless takes into account the participation of macro-level institutions in the interpretation of individual experiences.

Second Demographic Transition

Dirk J. van de Kaa and Lesthaeghe and Surkyn, among others, posit that a Second Demographic Transition (SDT) has been establishing itself from 1960 onward. The SDT refers to the spectacular changes that were then taking place within the family, particularly affecting the formation and dissolution of families (cohabitation and divorce) and the below-replacement levels found in fertility indicators. It was called the SDT because the importance of the changes that were taking place for demographic reproduction were considered as huge as the fertility and mortality declines had been when the First

Demographic Transition (FDT) unfolded in industrialized countries starting in the last decades of the nineteenth century¹ (van de Kaa, 1994; Lesthaeghe & Surkyn, 2004).

The Second Demographic Transition thus focuses on the alteration and transformation of family and partnership structures resultant from increases in cohabitation, divorce and remarriage as well as the very low fertility levels that go along with these new patterns. Where remarriage was once a staple for the widowed and in order to start a second (or sometimes first) family, the relationship statuses of the SDT caused by divorce or separation allow for a greater variability of family structures (with blended and step families). Within only a few decades, the pattern of life to be followed (marriage, children, stay-at-home mothers and bread-winner role for fathers), has given way to a more uncertain, multi-choice decision in every life area. In addition, with the advent of more dependable contraception such as the pill and newly designed IUDs, pregnancy could now be planned and not simply avoided (van de Kaa, 1994; Lesthaeghe & Surkyn, 2004). The start of sexuality came earlier and outside of marriage and there was a transition to more gender equality and less of a homemaker/breadwinner scenario.

Hall (2003) ties together the SDT with Giddens' theory of pure relationships and plastic sexuality which characterizes relationships in modernity. The detachment of sexuality from its intended reproduction has contributed to the lessening of the fertility rate and given rise to relationships that are more focused on self-actualization rather than tradition. Paradoxically, this focus on the relationship and its actualization (both as individuals and as partners) has lessened the stability of long-term unions in this quest for self-interest. If the individual or couple sees fertility and childbearing as part of their life

¹ The new control exerted over both the fertility conditions and the mortality causes resulted a few decades later in life expectancies that were more than twice their value when the FDT began while the number of children was often reduced by half.

paths despite the potential fragility of their union, then having children may be part of their plan. Conversely, this potential to have a long-term commitment to child or other may contribute to a decline in fertility and/or to smaller families when the parental experience can be had with just one or two children.

The Second Demographic Transition has had a significant impact on childbearing. People are having smaller families, largely due to starting families later in life (after having gone through further education and potential work experiences – events that have displaced marriage and childbearing as transitions to adulthood), the instability of long-term marriages, and an increase in personal and individual aspirations. It also manifests itself by fertility decreases in women at younger ages and increases in the age at first birth. This leads to a shorter period in which women can (or will) bear children (De Vaus, 2002, Testa & Toulemon, 2006).

Having or not having children, within a traditional marriage or not, before or after obtaining a higher education, working before and/or after having children, staying with a partner or getting a divorce or separation, are all choices that have been characterized by the Second Demographic Transition.

This ambiguity and/or fluidity of what an adult life consists of is quite present in the Quebec context. This transition/adoption of a variety of life experiences within the Second Demographic Transition has been adopted more quickly in Quebec than in the rest of Canada (Gauvreau, 2009). As Gauvreau et al. have shown in their book on the Quebec fertility decline, subtitled “D’une exception à l’autre” (2007), Quebecers were late to complete their FDT but they were at the forefront of the SDT, especially where low fertility levels and cohabitation patterns are concerned. For example, the total fertility rate was below 1.4 during the mid-1980s and the 2011 Canadian census shows that common-law

couples accounted for 16.7% of Canadian census families, but were 31.5% in Quebec (37.8% of all couples), almost double the national rate. Today, the total fertility rate is at 1.7, higher than in Ontario for example, and a majority of children are born to couples who are not married (63 percent in 2012; Girard 2013), attesting that common-law status and legal marriage have come to be viewed nearly interchangeably in Quebec (Kerr et al., 2006). That said, I believe that I will find that there is the same kind of expectation to have children when one is in an established relationship regardless of the legal marital status of the mother.

Quebec has taken on the Second Demographic Transition faster than the rest of North America, although changes in the decline of conception were slower and later, most likely due to the Catholic influence in Quebec (Gauvreau, 2009). Another area where the Quebec context reflects the Second Demographic Transition theory is with regard to age at maternity and size of family. In Quebec, the average age of maternity went from 27.3 in 1976 to 30.2 in 2012, with first-borns arriving at the age of 28.5 (in 2012) (Girard, 2013). Women born between 1950 and 1975 are most likely to have 2 children (between 38-41% of women); followed by 3 or more children (20-23%). Women with one child have stayed stable at the 18-19% range (Girard, 2012).

Quebec does not fit the North American pattern whereby cohabitation is usually associated with lower education, lower earnings and lower employment potential (Kerr et al., 2006). Also in Quebec, there are social policies that are designed to favour women's labour force participation through a mostly guaranteed reentry to the labour market and which help to enhance the image of the working mother – a positively valued image (Bernardi et al., 2007).

Despite, or because of, the fears surrounding declining replacement-level fertility and the precariousness of relationships in the SDT, Quebec has instituted many generous governmental programs and assistance such as subsidized daycare, a one-year paid parental leave (often topped up by some employers), a five-week paternal leave, monthly federal and provincial child benefits, and tax credits that women can consider when making fertility decisions, and have most likely contributed to the slight fertility increase observed in the last few years.

Symbolic Interactionism

Symbolic Interactionism (SI), a theory where “meanings emerge through interaction” (Oxford, 2005: 653) was introduced, developed and contributed to by a host of people: George Herbert Mead, based on influences from John Dewey, Erving Goffman, Herbert Blumer and Charles Horton Cooley (Ritzer, 2000). Essentially, symbolic interactionism gives a lot of leverage to individuals when explaining the way social life works. It is a micro-level theory in that emphasis is placed on human agency as opposed to the macro-level institutional influence. Its focus is more on what we “learn”, rather than what is merely imposed; our society is a “mosaic of subjective meanings and variable responses” (Macionis & Gerber, 2003: 21), even though individuals and society are “two sides of the same coin” (Lundy & Warne, 1990: 97).

SI fits well with the decision-making nature of the research questions and was found to be fitting for an in-depth qualitative investigation of a small sample of women. This theory first and foremost attributes the capacity to think critically and analytically to people prior to their action, therefore it is the one that helps to best explain decision-making with regards to individual women’s fertility outcomes. To better appreciate how this theory

helps to explain fertility outcomes, some of the key factors of symbolic interactionism are described following.

There are four main areas of distinction for symbolic interactionism. First, humans are different in that they alone can create and imbue meaning to acts and/or symbols and build a complex culture and history through this. These meanings allow us to produce different realities within a similar framework of social life (Berg, 2007) such that notions of fertility, pregnancy, childbearing, abortion and motherhood can be seen and understood as their physical manifestation thereof in addition to their emotional, symbolic, representative natures.

Secondly, the social world is not static. One cannot count on stability in outcomes, meanings, events: our biographies are forever changing, evolving, shifting. This part of the theory helps to understand that our changing biographies lend weight to any factors in fertility decision-making. Third, this social world does not exist in a vacuum; one cannot survive without some kind of interaction with others. This third point is important in that it helps us to understand one of Symbolic Interactionism's other main points, that of the ability to see ourselves as objects, from another's viewpoint, and consequently to learn to understand and empathize. We are therefore aware of the meanings, expectations, and responsibilities of fertility decision-making and because of this ability to understand, we have learned to know how it is perceived and how others view us in relation to our fertility decisions.

The fourth distinction is that, through this interaction, we are able to put together commonality in our social life (Oxford, 2005; Berg, 2007). However, the meanings, events, and occurrences that make up social life are not "accidental or unconnected" (Berg, 2007:

13). We want to be part of a community, to be understood and empathized with. We want a shared commonality so that we are not set apart.

Symbolic Interactionism explains how we are able to understand ourselves through our interaction with others (parents, teachers, peers), and this helps us to model ourselves after them, to create our identity, and to comprehend social contexts (our “Looking Glass Self” as explained by Cooley). When we play our “role” and there is agreement with how we play our role, there is less strain on us (Ambert, 2006) and often we will behave with the perceived expectations of others (Perry & Perry, 1983).

What is important and interesting about Symbolic Interactionism is that we cannot simply rely on observable action. Our behaviour and our actions cannot always translate the covert reasons for said behaviour (Manis & Meltzer, 1967). As Berg (2007) states, “(H)ow inhabitants of a setting define their situation determines the nature and meaning of their actions as well as the setting itself” (13). This subjectivity of ourselves and our actions may or may not coincide with the reality of others (Kendall et al., 2001). As an example, the mythical “biological clock” that some women feel clanging in their souls cannot always be understood or felt by others, but which may contribute to some fertility decisions.

Symbolic Interactionism is a micro-level theory, however, it is cognizant of the fact that institutions add to each person’s biography and that this influence comes to help individuals with their individuality. Simply because institutions shape us, provide us with rules, roles, norms, etc. and provide us with the “raw material” in which we learn definitions, they cannot explain how individuals will process, present or act within these definitions (Berg, 2007; Ritzer, 2000). These rules, norms, expected behaviours, etc. can be accepted, modified, and/or rejected based on personal interests and needs at a particular moment. As an example, two women with the same institutional pattern (education,

religion, family structure, culture) can still have very different outcomes even though they have been influenced by the same institutions.

This theoretical framework is important with regard to the current thesis in that decision-making with regard to fertility is personal, action-filled, and dependent on interrelated factors and influences, personal biographies, occurring at multiple points in a woman's life, and not necessarily an impulsive and unthought-of action.

The assumption that arises from using this theory is that women will make fertility decisions that suit them at a given moment based on past, present and future experience, knowledge and expectation. The independent variables of having or not having children will rely on contributing factors such as partner status, age, financial status, etc.

Referring to the Second Demographic Transition and to Symbolic Interactionism as the main theoretical lenses with which the results will be looked at, brings issues such as relationship statuses and individual interpretations of action to explain fertility decisions in a Quebec context.

Chapter 4 Methodology

A qualitative approach was deemed the best fit for this thesis for various reasons, such as wanting to represent the subjective realities of the participants given the nature of the topic. As well, because of this subjective reality, specific, measurable variables were not chosen (as would have been in a quantitative research). Since a qualitative approach was chosen, the sample size was small and not randomly selected.

The methods used to answer my research questions rested mainly on interviews, self-directed questionnaires and narrative analysis of these interviews, given that each woman's life story is unique. Although some information was gleaned about fertility and intention from quantitative sources such as Quebec-specific statistics, and demographic questions asked of the participants, the bulk of my thesis rests on finding common and differing threads in women's life stories with regard to fertility and decisions to have or not have children.

The initial intent of this thesis was to compare women with children and women who intentionally chose not to have children and to examine factors that were similar and different with regard to their decision-making. Because there was seemingly no obvious way to find women who intentionally chose to not to have children, that they are much less numerous than women who would choose to have children and they did not appear despite the methods chosen, the scope had to be slightly modified to accommodate this reality. In Quebec there was an increase in the number women with no children during the middle of the twentieth century, reaching a high of 24 percent. This number has decreased since then and has settled at around 16 to 18 percent for the generations born in the 1970s and later (if the trend continues) (Girard, 2012). It is not possible to determine within this percentage of women with no children who intentionally decided to forego children and so

that number could be much smaller than 16 to 18 percent if we factor in life circumstances and infertility barriers. The thesis still has a comparison of women with children and women with no children, however, the women with no children are not solely comprised of women who intentionally chose to forego children. This group is comprised of women with no biological children due to choice, circumstance, or who are still within the decision-making age and process. Although this sample contains double the percent of women with no children (34 percent) because of age and other dynamics, this number may reflect Girard's numbers once completed fertility is arrived at in the upcoming years.

Participants

In total, 26 women participated in this research project and the data collection (questionnaires and interviews) took place in 2012. Of the 26 women, 17 of them had at least one child (one woman was pregnant at the time of participation), and 9 women had no children. Two other women had participated at the beginning, and were removed from the results of the study since they were test subjects

As presented in table 4.1, the youngest participant was 30 years old and the oldest was 52 (Mean: 39.6, Median 37, Mode 34). The women with children ranged in age from 31 to 52 with a mean age of 41.4 years. The women with no children had an age range of 30 to 46 and the mean age was 36.2 years. Not surprisingly, this group of women is younger on average and their decision-making process could still be active and ongoing.

At the time of participation, most women with children were married or living in a common-law relationship with their partner. Women with no children presented a wider range of marital situations: two were in common-law/cohabitation relationships, one was legally married, and six women were single (three previously divorced/separated and three never married/common law relationship). These patterns are consistent with the SDT.

At the time of their first childbirth, most of the women with children (12) were over 30 years of age, also consistent with the second demographic transition. The five remaining women had had their children before the age of 30, but none before the age of 25.

Of the women with children, four had their children with their second husband/long-term partner and had not had any children in their first marriage/common-law relationship; one woman had one child with her first husband and one child with her subsequent common-law partner; one woman was remarried, but had had her child with her first husband. One woman was widowed (and now in a common-law relationship), but whose child was from her first husband. Of the women with no children, two women had partners who already had biological children from previous relationships.

In terms of education, all of the women had completed high school at a minimum. For the women with children, 2 had some college/professional certificate; 2 had completed college (CEGEP); 2 had some university and 11 had university degrees. For the women with no children, four had completed some university and five had university degrees.

All of the women were Canadian citizens at the time of participation. 2 women were born outside of Canada (one woman with children and one with no children); 4 women were born in a province other than Québec and 20 women were born in Québec. Other cultural identities for the women were Bulgarian/Ukrainian/Polish, Chilean, French, Greek, Haitian, Italian, Lebanese, Moroccan, and Portuguese.

Referring to the Quebec context, 16 participants had French as their mother tongue and 10 had English as their mother tongue. Of the 16 Francophone participants, half had children and half did not. Of the Anglophone participants, nine had children and one did not.

Relationship status for the women with children showed no difference between Francophone and Anglophone participants. Six of the eight Francophone mothers were married at the time of childbirth and two were in common-law relationships. Of the nine Anglophone participants, eight were married at the time of childbirth and one was in a common-law relationship.

Table 4.1 - Participant characteristics at time of participation (2012)

	Women with children	Women with no children
Age		
30 - 34	5	4
35 - 39	3	3
40 - 44	1	1
45 - 49	5	1
50 and over	3	0
Age (at time of first birth)		
25 - 29	5	
30 - 34	9	
35 - 39	2	
40 - 44	1	
Marital status		
Single (never married/common law)	0	3
Common-Law	4	2
Married	12	1
Divorced / Separated	1	3
Highest level of education completed		
College (CEGEP or professional)	4	0
Some university	2	4
University	11	5
Mother tongue		
French	8	8
English	9	1

As per my agreement with participants, and in accordance with the ethics certificate procedure, their identities were to be kept confidential but certain descriptive characteristics would be used. In this vein, the participants were given pseudonyms. Below is the list of participants with their pseudonyms and generalized descriptors (at the time of participation):

Table 4.2 - List of participants (with identifying demographic characteristics)

Name	Age	Number of biological children	Civil status
Alexandra	37	1	Common-law
Beatriz	38	0	Single
Charlotte	46	0	Common-law
Delphine	50	2	Married
Ellie	37	1	Married
Fiona	49	1	Married
Glennis	34	1	Common-law
Hermine	32	0	Single
Ida	45	2	Married
Jacqueline	36	0	Single
Kathy	52	2	Single
Laura	32	0	Common-law
Margot	36	2	Common-law
Noelle	37	0	Single
Olive	41	0	Single
Paulette	34	1	Married
Quinn	33	1	Married
Rachel	47	1	Married
Simone	47	2	Married

Name	Age	Number of biological children	Civil status
Theresa	34	0	Single
Ursula	50	2	Married
Valerie	47	3	Married
Willa	31	1	Married
Xaviera	34	1	Married
Yasmine	30	0	Married
Zoe	41	1	Common-law

Procedures

This research is based on findings from 26 female participants who were between the ages of 30 and 52. The principle reasons why I focussed on women are that women are more than likely the final decision-makers with regard to fertility decisions given that they are the ones who more substantially live the physical and social consequences and also, are most often the primary caregivers (Qu et al., 2009; Thomson, 1997). Additionally, women make this decision on a more definitive level as opposed to men, whose options remain open-ended for the most part in terms of age and biology. Also since the sample size was limited, it would make comparison more meaningful. The age group was chosen with reproductive ability as well as significant life history in mind. Younger women, although with undoubtedly some meaningful things to say, have not lived through as many life milestones and fertility decisions as older women. This cohort, aged 30 – 52, would have been born post-1960 and should be farther away from the same societal expectation to marry and have children than women of the baby-boom generation and earlier.

The participants either had biological children or did not have any biological children. However, for the women with no children it was **not** due to infertility (either theirs or their partner's). I excluded women with fertility issues since their decision-making was abetted by an involuntary aspect and they may decide to veer toward reproductive technologies, which although an important area, is not covered in this thesis.

I used snowball sampling to locate participants. At the outset, I wanted a sampling of women who were not connected to me directly through family, friendship, education or work. However, this proved to be a difficult endeavour.

In total I e-mailed over 75 people and they in turn forwarded the email to over 65 other people. Most of the people I approached were friends, relatives, former and current colleagues, and acquaintances in what is called *snowball sampling* (Berg, 2007; Babbie & Benaquisto, 2002), that is I chose them with regard to the relevant attributes sought with regard to the subject matter and then asked them to identify other potential participants with the relevant attributes. At the beginning, my email was general in terms of asking for people's interest and setting out the parameters of the research. With a very low response rate, I then followed up with a reminder email. With still a low response rate, I widened the parameters (ages and geographical location) and included the questionnaire and consent form (see Annex for samples; both of which had already received prior approval) in order for women to see what exactly would be expected. Most women opted for the written self-directed questionnaire and others asked for a telephone interview. Only one person wanted to meet in person.

Originally, I wanted to concentrate solely on women in Quebec for comparative and logistical reasons. However, when looking for participants, I decided to widen the net and incorporated Ontario as a potential geographical region. As it turns out, widening the

geographical area had little bearing on gaining participants (two participants were located in Ontario; one of whom was born and raised in Quebec), however, extending the age group did have a bearing since six more participants were added as a result.

Initially, I was worried about approaching immediate family, friends or coworkers for fear that proximity would interfere with both full disclosure in answering the questions or in my interpretation of it. However, the proximity was close enough to more easily garner trust and disclosure was seemingly quite honest. Although I believe to have acquired honest feedback from participants through this method, there still exists the possibility of self-censorship on the part of the participants that comes with divulging personal information to someone who is known.

I did not follow up doggedly with people believing that once they had seen the questions, they no longer wished to participate or were perhaps waiting for a more opportune time to answer them. However, given the nature of the topic and the privacy it may require, I also did not want to risk harming any of the relationships I had by asking repeatedly for their participation. I had to respect the possibility that they had consulted my email or material and had decided that they did not want to participate. On many occasions I waited for the person to bring it up (which often came in the form of “oh yes, I haven’t forgotten about you”). I had a seemingly passive approach because I did not feel that overt statements about needing/wanting participants would have paid off and could have had potential negative consequences in the future with regard to my relationship with that person.

I received responses from some women who were interested and in some instances, the contact ceased at some point in the process. With one potential participant in particular, we had set up a telephone interview on two separate occasions. One date was

postponed by the participant due to work constraints and the next date was cancelled during the call due to interference from her child. She could not continue past the initial introduction of the interview (salutations, ensuring that timing was good, that she was available for the interview in terms of amount of time) due to constant interruption. We were going to reschedule and it never materialized (due to lack of communication and enough participants at that point).

One of the interviews was done in person and four were done by telephone. Twenty-one (21) women submitted self-directed questionnaires. The interviews (including the two test interviews), were done in person and were about one-to-two hours in duration. The telephone interviews were done in the evenings, at the convenience of the participants, and were also approximately one-to-two hours in length.

Notes from the telephone and in-person interviews were noted manually as the interview went on and if there were any clarifications needed, I would ask at the time of the interview or would follow up through email. The self-directed questionnaires were sent back to me at the women's convenience and were followed up with clarification emails.

Every participant was provided with a copy of the informed consent detailing the confidentiality commitment and their ability to withdraw from the research process at any time, for any reason. I determined that giving the participants (potential and actual) the questions in advance would be beneficial in order for the interviewees to have time to review and reflect on their personal histories with regard to fertility decision-making (if meeting in person or speaking by phone).

Although the method of emailed, self-directed questionnaires was less desirable because of lack of verbal and visual cues, it proved nonetheless to be necessary in terms of geography, time or inclination. I had previously used e-mail responses in other work and

they had yielded some very insightful and informative material since there was the benefit of added time for writing, reflection, and editing of one's responses, therefore some positive consequences did emerge.

The interview questions were a predetermined set of basic, identical questions for all participants. However, I did also have a semi-structured format in that we were able to build on answers during the course of the interview and in return e-mails.

I conducted a pre-test of the questions with two women, one who had a child and one who did not have children. I had the opportunity to see whether the questions were in-depth enough to extract pertinent material, and I modified the questions in relation to that pre-test. As an example, a question regarding whether any particular social or historical events had had an impact on their decision-making was removed due to the lack of significance on their personal histories. Another question about motherhood being tied to feminine identity was removed because the question seemed leading. These two interviews have not been used in the results section of the present thesis owing to the discrepancy in the variations of the questions as well as for the unnaturalness of the responses that ensued. There was a distinct self-consciousness of both the researcher and the participant that was difficult to remove from the interview itself, and the participants seemed overly aware of the recording device and seemed to want to give "correct" answers. Overall, the material did not feel as authentic as the ensuing material collected from the 26 women afterward.

In terms of the material collected, and in order to ensure confidentiality and safety of the participants' material, a separate e-mail account was established solely for this thesis' purpose and was only accessible by the researcher. E-mail communications were printed and then deleted. The taped interviews were transcribed into a document that was

password protected and saved under a coded file name. The interviews on the recorder were erased after transcription. All material was kept inaccessible to other people.

I expect to keep the written notes and interviews for a maximum of one year after the thesis is completed (defense included) to allow for further diffusion of results, at which point the documents will be shredded as is appropriate.

Analysis

The questions I asked the participants covered the main areas I wanted to initially explore: childhood experience and the concept of motherhood, intangible and tangible fertility decisions (influences, partners, contraceptives) and thoughts about their own path and their future.

Once I had received all the questionnaires and/or completed the interviews, I gave each participant a pseudonym, and my findings are presented with these alternate identities. This step was detailed in my confidentiality/consent form so that the participants understood that their material was going to be kept confidential and that they were free to express themselves openly without fear of judgment.

I looked at their life stories conceptually with regard to decisions, contraception, partnerships, education, work, childhood experience, etc. I therefore created charts per main theme into which I copied and pasted (if sent by email) or typed in their answers (from my interview notes). I further divided my charts into side-by-side sections; one side for the women with children and the other for the women with no children. By creating a chart for each theme and dividing and displaying the material for each participant, I was able to visually see common words or patterns and was then able to extract commonalities or differences.

Reading (and rereading) their answers yielded many patterns and words which were then extracted and analysed. Common answers emerged through the coding of similar words, feelings, expressions. This coding was done manually, both by preference and by limited knowledge of other methods.

The data was analysed within the spirit of the Second Demographic Transition and Symbolic Interactionist theories. With a view to eliciting similarities and differences from the two separate groups of women, and although each woman's experience was unique, I focused mainly on the aspects that emerged more universally.

Limitations

There have been benefits and drawbacks to both the e-mail, in-person and telephone interview methods; however, I truly believe I received some extraordinary responses to difficult questions regardless of the method in which the responses were obtained. One of the drawbacks of asking questions via e-mail (and in some cases, by phone) is that the human interaction element is missing and chances to glean information from expressions, body language and tone of voice are missing, as is the spontaneity of new questions or deeper information. Another drawback to the e-mail method is that some people are more punctual in their responses and styles of writing, and some questions that I had meant to be open-ended were interpreted and answered as closed questions. Some of the benefits though, were in terms of time flexibility for both them and me, the relative anonymity of answering the questions in privacy and the chance to reflect longer on the questions being asked thereby giving rise to deeper answers in some instances and which allowed them to better articulate their ideas. The e-mail respondents have been quite diligent in returning their initial answers, as well as any answers to follow up questions.

Women who intentionally chose to not have children unfortunately did not choose to participate in large numbers. As a subset, women who decide to not have children are difficult to locate and they are a small percentage of women. Possible reasons for their lack of participation could have been that they did not feel they had anything to contribute to a 'fertility' discussion or that the word 'fertility' in and of itself was enough to dissuade them. It is also possible that they did not want to be re-questioned about this aspect of their lives or perhaps did not want to be made uncomfortable about their choice.

Most of the participants (as well as the interviewer) work full-time and many of them are parents. Therefore time outside of paid work was reserved for other activities, and finding common time was a challenge. This was probably a main reason why there were so many self-directed questionnaires.

Perhaps as a direct result of my lack of interviewing skills, the in-person and telephone interviews felt stilted, "acted", unnatural. However, the test interviews done in-person allowed for a modification of the test questions for both flow and content understanding.

Although I chose to only have a female perspective, when it is clear that men are more active in the fertility decision-making process than originally anticipated, the choice to use women in a study is usually justified by the high degree of homogamy within the couple, and as well, women are the more reliable reporters of fertility and childbearing events (Testa & Toulemon, 2006). Also, as mentioned previously, because of the small sample size, a more meaningful comparison could be made and as well, women are more physically and socially affected on a more definitive level than men are with respect to fertility and childbearing.

It is possible that hindsight yielded new explanations and/or a posteriori rationalizations for past events, such that their accounts could have affected the accounts that have been analyzed. However, even if decisions are evaluated by today's recollection, this would not render them any less meaningful.

Another limitation of this research is that the women chosen are not representative of a general population. They are for the most part, university-educated, mostly white women and as a majority, Canadian-born with Catholic influences.

One more possible limitation is that the women are the only source of their information, therefore we cannot validate information provided with any other source (partner, parents, and friends) (Bernardi et al., 2007). However, because of the subjective nature of this research, as well as the theoretical frameworks upon which it is interpreted, it should not necessarily be considered a limitation.

Chapter 5 Results

In keeping with the literature review, the results will be presented in the same sequence. The concept of motherhood that was formed, was quite possibly the result of many initial influences (such as their childhood experience) that created (or not) a potential desire for children. This desire (or lack of) helped to concretize their childbearing intentions. Partners were, and are, implicated in this process. Partners, as well as other elements, helped and contributed to concrete decision-making and readiness. Within the framework of this decision-making, came contraceptive and proceptive behaviours. As a result of those behaviours, expectations (of final fertility results) were subject to change, and outcomes were modified as needed.

Because the whole fertility/childbearing process is an individual and multi-spoked wheel, and before discussing the results from all participants, it was thought that general portraits of some of the participants might shed light on just how individual life stories might intertwine and also have multiple outcomes. These histories were selected to highlight the variety of pathways with regard to fertility decision-making and should not be considered a typology.

Alexandra, 37 years old, 1 child

Alexandra was a sole child born to a single mother. Having lived with her mother's birth family (Alexandra's grandparents, aunts and uncles), this contributed to a feeling of having grown up in a family with siblings. By all accounts she seems to have had a positive childhood experience growing up in an extended family.

Alexandra completed her university education prior to having her child. She also had a permanent work position that she was able to return to after her maternity leave.

Before 30 years old, Alexandra did not really think about having children. She questioned whether she even wanted any because she enjoyed the freedom that went with that lifestyle. While in her twenties, she was able to envision a life without children because it was too abstract a concept for her. She started thinking about it only with her current partner and also attributes an increase in childbearing intention to experiencing more children in her environment.

Alexandra has been with her common-law spouse for 12 years (since she was 25 years old). Her partner had expressed his desire to have children over their first few years together, but she did not feel ready. She wanted to benefit from the time and financial resources that her education and career afforded her to spoil herself and travel.

So, finally at 30 years old, she found that her life was stable in terms of work, love, and housing, and she felt that she knew more what she wanted. She had some life experience by this point, had friends who had children and felt that she and her partner had taken advantage of their time alone together as a couple. They were now ready for a new challenge and a testament to their love for one another.

Knowing that her partner wanted children and having seen how he had taken care of his seriously ill mother, Alexandra was sure that he would make an excellent father. Having been on the contraceptive pill since she was 18, Alexandra intentionally stopped taking the pill when she and her partner were ready to conceive and it took two months before she became pregnant.

Alexandra had a stable job with excellent benefits and working conditions and was replaced during the time she was away. She returned to work after one year, yet decided to work four days per week rather than five. She states that her career was never her primary concern and now even less so.

Due to complications following childbirth, she is now infertile. She and her spouse view their two present options as either adoption or having a surrogate, options that they have thought about and discussed, but which for now have been put aside to allow fate to have had its say on the size of their family.

Ida – 45 years old – 2 children

Ida is the youngest of three children born to a couple who both worked outside the home. Her stated childhood experience is neutral, attributing the generation in which she was born to a disjointed family life.

She met her husband (and the father of her two children) when she was 14 years old. Not exhibiting a huge desire to have children when she was young, she nevertheless had two children but does not attribute having them in order to be a woman or to be happy. Her husband wanted children and after 14 years of being together she felt as though, “why not?” It was not a personal need for her, but her husband had expressed the desire and because of her biology she was able to realize that for them as a couple. She also wondered about potential regret, and as well, the future of her marital relationship if they had not had children.

Ida was not working prior to having her children and worked sporadically during her pregnancies. As a substitute teacher it was difficult for her to consolidate outside childcare with last minute teaching requests that were not at least a few months in length. She then decided to forego her teaching career in order to raise her children and started working full-time in another field when her children were 8 and 10 years old. She had completed her university education prior to having her children.

Ida had her first child at 30 and had been taking the contraceptive pill since she had been 18 years old. She intentionally stopped taking the pill in order to conceive and it took

4 months before she became pregnant. She then had a second child 2 years later and, due to her age (33 years old by then), decided that two children were enough. Because she was reluctant to take the pill again, her husband underwent a vasectomy instead.

Quinn – 33 years old – 1 child

Quinn is the youngest child in her birth and blended families. She has an older brother and she also has step siblings with whom she never lived. Her parents were divorced when Quinn was 5 years old and for a brief period she resided with her mother, but then lived full-time with her father and brother, with twice-yearly visits with her mother who lived out of town. Her childhood experience is regarded as negative.

She met her current partner (husband) when she was 19 years old and they started cohabitating prior to marriage. Deciding on having children was a multi-layered process for both of them. Timing and being “ready” (financially, married and having a home) was essential. Since it took a while for them to achieve their readiness level, Quinn was 30 when everything was aligned for them.

Quinn was employed at the time of her pregnancy and took another year at her own expense to stay home with their child. During that time, her employment contract was not renewed and so she was forced to find new employment sooner than she would have wanted. Their decision to have another child is partially based on whether her new job will be as financially generous as the position she held during her first pregnancy and this is a factor that she finds objectionable, yet necessary. Quinn had completed her university education prior to giving birth.

Prior to her current partner, Quinn used condoms and then went on the pill when she was 20. Before being on the pill, she and her current spouse did not use any contraceptives. She stopped taking the pill when they realized they were ready to conceive

and since the birth of their child, Quinn has had an IUD inserted. They are still in the decisional process for any subsequent children.

Charlotte – 46 years old – no children

Charlotte is the eldest of two children who enjoyed her childhood until her family unit split during her teens. The contact she had had with her extended family was curbed by the divorce and by the death of both sets of grandparents. Her childhood experience is interpreted as neutral-negative.

Charlotte assumed that her life would include children, however, the timings in her relationships never led there. Her current common-law spouse, who she started cohabitating with about 8 years ago, does not want children. Although she did ask him to reassess his position, he remained firm and by that time, and with age advancing, Charlotte decided that she was happy being with her spouse and to pursue the objective of having children would mean starting over with someone else. Additionally, having had a bout of breast cancer highlighted to her the possibility of dying prematurely which would leave her child(ren) without a mother.

Charlotte has always had full-time employment and has done some university courses. She has used various methods of contraception depending on the nature of the relationship and/or the level of protection required. She has used the pill, condoms, sponge, and the calendar method.

Charlotte is content with her life with no children, has a good relationship with her spouse and has a pet that she “mothers”; however, she does worry about potential regret and never having the parental experience.

Laura – 32 years old – no children

Laura is the youngest of two children who describes her childhood as nothing less than idyllic. She also enjoyed her extended family as part of her positive childhood experience.

Laura never imagined that she would have children, always assuming the alpha male role with pets and with roleplaying as a child. Conflicting with a very long list of why she does not want children is her partner's strong desire to have children. They have been in a common-law relationship since Laura was 19 and in addition to her partner's desire, Laura also feels pressure from her partner's family since they had their children young, and extended family and lineage is very important to them.

She has always used withdrawal as her method of contraception since it is the most natural one, and one that will not interfere with her body.

Laura had completed her university education prior to this stage and also has a full-time paid work position with generous benefits, should she become pregnant.

At this juncture Laura is very confused about fertility decision-making and does worry that her relationship's future depends on this decision.

The Concept of Motherhood

In terms of the participants' verbalizing of their personal concepts of motherhood, it is impossible to know with which lens they are viewing it at this point. Are they viewing motherhood as they are living, or trying to live, it? Are they viewing it through their childhood experience lens? Through an idealized and public lens or a combination thereof?

The women in this thesis pointed to motherhood as a gesture of giving of oneself. The women with children viewed this giving in a positive light (a gift of self; a lifetime

mission; a dedication of oneself; passing from me to we) whereas the women with no children also pointed to giving but in a less positive way (output of energy for someone else's needs; having to stop thinking of oneself; sacrifice of time and money).

*"Un don de soi, un cadeau de la vie et une mission pour toute la vie."
(Alexandra, 37 years old, 1 child)*

"To me motherhood is a total dedication of one's time, heart and mind to your children." (Delphine, 50 years old, 2 children)

"Motherhood is something that completely changes one's life and takes most of your freedom away" (Theresa, 34 years old, no children)

"... selon moi, ça représente le don de soi. La mère donne la vie et s'occupe de sa progéniture pour le restant de ses jours ! ainsi soit-il ! " (Laura, 33 years old, no children)

For Olive (41 years old, no children), she saw that her mother had sacrificed a lot because of her children and so, to her, motherhood meant sacrifice. She does nonetheless state the possibility of motherhood being potentially rewarding despite this perceived sacrifice.

Motherhood as maternal instinct was also present in the women's concepts of motherhood with terms such as nurture, bond and natural. There was no difference between the women with children and the women with no children in this regard.

"Creating a bond and nurturing that bond with a relationship that lasts.....forever." (Fiona, 49 years old, 1 child)

"Someone who cares for and nurtures another dependent being, protecting them, guiding them, loving them to ensure their mental, physical, emotional and maybe spiritual health so that this being can have the ability to thrive in this world." (Charlotte, 46 years old, no children)

Fulfillment was another aspect referred to in the literature and the women with children seemed to embrace this more so than the women with no children. Referring to motherhood as the role of a lifetime, one that brings an abundance of joy and wonder, that is magical, enriching and a consciousness-raising experience, the women with children are able to see the fulfillment and reward in their role.

"It is a wonderful learning experience that brings much joy, enlightenment, and knowledge into your life when you decide to have a child" (Valerie, 47 years old, 3 children)

An extension of the fulfilling nature of the concept of motherhood, but one that seems to stand alone as propulsion toward motherhood is "Love"; Unconditional Love; Universal Love. A relationship like no other that is intimate, deep, precious, and inexplicable and which brings more pros than cons.

"Motherhood is becoming connected to universal love, an unconditional love." (Ellie, 37 years old, 1 child)

"La maternité est un état pour une femme qui a accepté d'être en relation intime et profonde avec un enfant qu'elle a conçu." (Ursula, 50 years old, 2 children)

"It is the ability to love unconditionally..." (Valerie, 47 years old, 3 children)

"The most love one must feel in their lifetime must be for a child." (Theresa, 34 years old, no children)

Another woman (Willa, 31 years old, 1 child) imbued meaning to motherhood when she found a card that she had given her own mother that had kisses all over it. It helped her make her own decision about mothering when she realized that without a child she would

not have that kind of mother-child love that she and her mother had, as was characterized by the card.

Another dominant thread in the concept of motherhood was the aspect of teaching, guidance and development. It is perhaps here that the abstract notion of motherhood can translate into a concrete manifestation thereof. If values, respect, knowledge, traditions, etc. can be taught and transmitted and then mirrored back to the parent, then there is a tangible evidence of motherhood accomplishment.

“Transmettre les connaissances et guider dans son apprentissage.” (Zoe, 41 years old, 1 child)

“Teaching an individual about all the basics, eating, going to the bathroom, communicating, etc... and exposing them to the skills and traits they will need while growing up. Teaching confidence, encouraging individuality, showing the spectrum of emotions and how to cope with different and difficult situations. Teaching good values and showing them discipline.” (Quinn, 33 years old, 1 child)

“To me it also means teaching them respect (themselves and others) and instilling values (cultural, religious, educational, monetary, etc.).” (Delphine, 50 years old, 2 children)

In the accounts of what the motherhood concept looked like to them, very few women with children presented anything less than a positive, uplifting view of motherhood. The level of responsibility and worry were stated as challenges (but rewarding nonetheless). Only one woman (Rachel, 47 years old, 1 child) stated that motherhood was less rosy than we think and that the concept of motherhood that she had envisioned prior to having a child was changed when she realized that she found it to be a thankless job.

When asked about the pros and cons of motherhood, a few women with children stated that there were no cons, only pros. The cons that were cited were being tired,

expenses, having less time and freedom, and worry. One woman (Ida, 45 years old, 2 children) stated that it meant putting aside her life, her desires, her dreams, etc. to one side. And another (Quinn, 33 years old, 1 child) stated that she had lost who she used to be, but essentially it is not really a downside because she is now completely redefined since becoming a mother. As mentioned prior, the women with no children found the self-sacrifice aspect of being a mother as a consequence to having children. They also mentioned finances, worry and loss of freedom as negative aspects of having children.

Interestingly, the women with no children, when asked about the pros of motherhood, mentioned that one upside of having children is the liveliness of the household, and the extension of family, which most of the women with children did not specifically mention. Perhaps the women with no children are made more aware of the quietness of their own lives and are witnesses in many forms to the family unit as it is idealized and displayed.

To some extent, as much as the idealization of motherhood is on display and assimilated into our lives and consciousness, there seems to be an idealization of what children can do for parents. In addition to the unconditional love that parents might expect from this unequal relationship, they also attribute expectations that their children will bring them hope, joy, pride, laughter, and knowledge.

So if the benefits of motherhood are “too numerous to list” (Valerie, 47 years old, 3 children), what about if a woman does not have children (whether intentionally or not)? What could possibly be the benefits of that position? To that question, the women with children cited with resounding unanimity, “freedom”. Using words such as freedom, time, independence, doing what one wants when they want and attributing that to activities such as travel, hobbies and work, leaves little doubt as to what they think is the key benefit to not

having children. Second to freedom is the lessened financial burden and therefore the means to benefit from the freedom to indulge in the named activities. This is an interesting aspect since the women with no children also mentioned freedom and finance, although less emphatically. One woman (Beatriz, 38 years old, no children) in particular was more inclined to view the benefits of her position of not having children as her ability to exert her choice autonomously and to claim her body and her life as her own and to exist as herself and not as “the mother of”. This notion that women with no children have more time and money elides other issues of responsibility that may also take up freedom and money (eldercare, education, health issues).

The perceived disadvantages of not having children, from the viewpoint of women with children are fraught with views of “less” – less joy, less family gatherings, loneliness, deprivation, emptiness, of sadness and regret of missing out on the experience. However, the women with no children are concerned by possible regret, perhaps missing out on the love of a child, and as their ages advance (in those particular cases) the loss of or irreversibility of the autonomous decision. However, there was not a clear sense of despair of a life of “less” as the women with children painted it to be. One woman (Jacqueline, 36 years old, no children) states that a major disadvantage to not having children is not being able to benefit from any of the government-subsidized child benefits that she believes half of her paycheck goes towards.

This same woman without children, when asked about instances of other mothering (as the literature suggests women might engage in) is averse to applying the concept of motherhood to herself. She has 4 cats, but is not their mother. She does not dress them, spoon-feed them and does not speak to them in baby talk. She also claimed to have a low desire to have children and so consistently, she does not want to actively engage in other

mothering. Conversely, Charlotte (46 years old, no children), a woman who had always envisioned having children as part of her life plan does a substantial amount of mothering with her dog:

"I mother my dog of course. I try to get her the best food, ensure she gets exercise, minimize her stress levels, make sure she has clothes for inclement weather, prepare/buy her treats, ensure that her shots are up to date, give her love, discipline her when she is naughty, reassure her when she is frightened. She can be truly helpless and it's my absolute pleasure to take care of her. Also, it's the whole unconditional love thing and happy to see you no matter what. Plus, she has these sweet big brown eyes and she acts like she is starving all the time. I want her to live a healthy life for as long as possible so I do what I can to make sure that she is very healthy. Funny thing with the dog, she comes to me when she is not feeling well to help her while she treats (my partner) more like her boyfriend... I realize that she is a dog though and not a child. It's like having all of the fun without all of the bad stuff like terrible two's, whining and crying, etc."

Pets get their fair share of space in terms of other mothering, both by women with children and women with no children. This could be interpreted as valuing companionship in some cases and in others, a manifestation of a need to care for and nurture a live being.

Colleagues and friends get "mothered" to some extent. The most common words used by all the women when discussing "other mothering" are: natural, helping, caregiver, organization, support, listening, being available, advising, protecting. Only one woman (Paulette, 34 years old, 1 child) mentioned her career choice as an extension of her mothering. As a person who works directly with people in need, she sees her role as accompanying her clients through their difficulties and enjoys watching them grow and helping them to problem-solve and to live better lives.

However, one woman challenges the notion that other mothering is in fact, mothering. That despite the words above used to describe “motherly” tendencies, that in fact, they are more representative of our humanity:

“Je ne me considère pas mère avec quiconque...Avoir de l'affection, écouter ou prendre soin de quelqu'un peuvent-être considérés comme des attributs ou qualités maternels. Toutefois, je crois que c'est plutôt l'expression de notre amour, de notre humanité, de notre empathie, de notre affection et de notre tendresse...et ultimement de notre âme.” (Beatriz, 38 years old, no children)

Partners are not mentioned in any real sense of “other mothering” except to state that it is not a usual part of their conjugal relationship. One woman with no children stresses the extent to which she will not “mother” her partner:

“I also will resist doing things for men if I think they are too mommyish... I don't want to tell them what they should be doing, what they should be eating, etc. I don't want to be the one to think about bringing snacks on trips, or keeping Tylenol on my person just in case and then dispensing it when the guy gets hungry or a headache. It irritates me that there is an expectation that I will take care of things because I am the woman and a natural extension of that is this maternal fussing and being prepared...As for my aversion to mothering men, it has definitely grown since it became clear that I am not having children. In my mind (right or wrong), I am not having children because of them and their decisions not to procreate or adopt. Well, I am not going to “mother” them instead...I am not babying a full-grown man, sorry. Let's share the housekeeping, the cooking, the ironing, and all of those other things your mama did for you. Don't try to take advantage me because you think I am nurturing by virtue of my physiology and I don't have kids so....” (Charlotte, 46 years, no children)

Partners do not really get much mention when it comes to other mothering, conceptualizing motherhood, or when exploring the advantages or disadvantages of motherhood save to say that having children could strengthen a relationship just as well as it could harm it. But as will be shown later in the results, partners are a tremendous source

of influence and a huge factor in decision-making. It is perhaps because this generation of women truly sees their partners as equals in this endeavour. That by virtue of their educations, careers, etc., they are not just the mother or that their partner is not simply the sole breadwinner on which to economically depend. It is perhaps a knowledge that this partnership (with children) will not work otherwise. Also, this generation of women saw some of their mothers work outside the home and with a shifting attitude by men and more equalizing of incomes, partners often seem more equal in matters of the family.

Influences, Desires and Intentions

One of the presumed earliest and original spheres of influence with regard to fertility and childbearing decision-making resides with the birth family and ensuing childhood experience. We could hypothesize about the childhood experience as having a direct connection with decisions to have or not have children.

In this sample, many of the women's parental units remained married (17 women) throughout their childhood. Of the seven women whose parents separated/divorced, only two were subsequently part of a blended family. Only one woman had a single mother as a parent, but did live with her mother's birth family, thereby considering her aunts and uncles as brothers and sisters given the physical and age-related proximity.

The marital status of their parent(s), or ensuing separation/divorce as the case may be, did not seem to be a factor in fertility decision-making. As will be discussed further, all of the women in this research were expecting to have a partner in conjunction with fertility decision-making, thereby reinforcing the notion that a partnership is required for fertility decision-making and that potential separation and/or divorce experience would not be a dissuading factor.

Of the 26 women, only two were sole children. The remaining 24 women came from families of 2 children (11 women), 3 children (8 women) and 4 or more children (5 women). Therefore, 21 of the 26 women came from families where there were three or less children in the household. In terms of birth rank, 7 women were the eldest in their families, 4 were part of the middle rank and 13 were youngest children.

As suggested above, one hypothesis could seek an association between negative childhood experiences as influencing a less positive view of motherhood/childbearing. In many cases, referral to family life that included extended family always had a positive connotation and perhaps helped to see various models of motherhood/childbearing. As with life experiences, within the gamut of childhood experiences, some could be qualified as positive:

"Happy, cultured, and busy" (Ellie, 37 years old, 1 child)

"Good – I remember my Dad worked a lot but gave us everything that we needed but luckily had his own business and worked next door. My Mom was a homemaker and was the type to play outside with us, bake cookies, etc."
(Glennis, 34 years old, 1 child)

"Enfance sans problèmes. Mon frère et moi avons été aimés et désirés. Justice (équité entre les enfants) dans la famille...Nous ne vivions pas richement mais nous ne manquions de rien. Ma famille était très traditionnelle (éducation religieuse catholique pratiquante). Mes parents étaient assez stricts et nous ont transmis des valeurs de respect des personnes âgées ou en autorité, d'obéissance, de politesse, valorisation du travail et importance de la justice et de l'honnêteté." (Ursula, 50 years old, 2 children)

"Grew up in happy family with loving parents, with a loving extended family. Family was and still is very important, but not invasive or controlling. Family was very harmonious – we were never aware of any disagreements, rifts, or squabbles." (Xaviera, 34 years old, 1 child)

"Heureuse et épanouie à l'enfance mais toujours pleine de questionnement quant aux normes sociales et principes religieux." (Beatriz, 38 years old, no children)

“Je dirais que c’était une vie familiale assez saine...Ma mère est restée à la maison pendant une bonne partie de notre enfance pour nous élever alors que mon père allait travailler. A son retour, on s’asseyait tous autour de la table pour souper et discuter en famille. La fin de semaine, nous faisons des activités en famille. Comparée à la situation familiale de mes amies dans le temps, notre famille semblait la plus stable, car ma mère tenait à ce qu’il y ait une routine fixe. ” (Hermine, 32 years old, no children)

Some of the experiences could be qualified as less positive:

“Clairement pas idéale. Père alcoolique et violent, mère sans emploi, refuse de voir la réalité en face, considère qu’elle est une victime et qu’elle n’a aucune responsabilité à prendre pour ses erreurs. ” (Jacqueline, 36 years old, no children)

“Catholic, strict upbringing. The females (my mom and I) were expected to do all household chores. We did have family activities (i.e. Sunday picnics, family gatherings) but the majority of the time, my brothers got to enjoy life more than I since I had to prepare or help prepare the food for these gatherings or clean up before and after guests arrived). I learnt at too young an age, how to cook and clean. My father made it clear that those were duties above anything else. As a teen, I wasn’t permitted to go to dances or to go to the movies with my friends until my early 20’s. I always had to struggle and fight to get my way – which was extremely frustrating and stressful. ” (Delphine, 50 years old, 2 children)

“Comme la plupart des autres familles de cette époque. Pas particulièrement unie, les deux parents qui travaillent. Pas beaucoup d’activités familiales. Les enfants ont leurs activités et les parents les leurs. Les parents ont 2 semaines de vacances par année et on va les passer chez une tante. ” (Ida, 45 years old, 2 children)

“Dysfunctional and boring, some happy occasions when celebrating holidays....” (Kathy, 52 years old, 2 children)

In general with the sample, there did not seem to be direct links between positive childhood experiences and having a positive motherhood view or vice versa. It seems as though regardless of childhood experience, the motherhood concept envisioned draws from the idealized version of motherhood that has been displayed and absorbed through a

myriad of diverse sources. It is also possible that the view of motherhood “lived” in the childhood experience lent itself to idealize an opposite version from the witnessed one. One woman (Noelle, 37 years old, no children) who states that she mothered her own mother and did not have a positive childhood experience still has a positive view of motherhood and sees motherhood as having the maternal fibre to support, develop, and build self-confidence and to experience unconditional love without judgment. In another case, one woman (Jacqueline, 36 years old, no children) who had lived a “less than ideal” childhood experience views motherhood as being stuck at home with a couple of babies.

So, despite the content of the childhood experience, it would seem that, as in all things, the resulting action may or may not be influenced by this particular factor. It is possible that a positive childhood experience makes replicating seem untenable or can be the impetus to be replicated. Conversely, a less positive childhood experience could lend itself to a challenge of doing it differently, or of avoiding it altogether.

The notion that we have a commonality of social life could be part and parcel of the childhood experience and the decisions to replicate (or not) the social life that has integrated itself into our selves. The rest of the section then looks at influences other than childhood experiences with regard to fertility decision-making.

Most of the women believe in their own agency with respect to fertility decision-making. And their partners are most often cited as also being influential in fertility decisions. However, for the women with children, none of the women pointed explicitly to outside influences such as education, culture, government, media, religion, etc. as influencing factors to have children. All of the women were raised in some sort of religious framework (20 were Catholic and the balance a mix of Greek or Christian Orthodoxy, Islam or Protestantism) and many of them now cited lessened or alternate religiosity. Given that

all religions promote family formation and most have strict rules with regard to curbing such formation, it is quite possible that the women were not directly influenced by their initial religiosity in regard to their personal decision-making, but that the teachings and encouragement of the various religions in this regard contributed in some way to the childbearing influences in their lifetime experience.

They were, however, able to name direct or indirect family contact as potentially having an influence. In some cases, no influence can be named at all. The only area that seemed to come up frequently was partner influence, which is discussed further in this thesis. In all likelihood, the outside influences might be perceived as more of an unnamed (or unnameable) background to their personal decision-making.

Influences may have shaded their intentions (such as being part of extended families, similarities to birth family, inquiries by relatives and friends as to parenthood status) but are definitely not considered as contributing to the actual decision-making process.

"I can't think of any areas of my life that had a bearing on having children. I never felt any pressure from anyone or anything to have or not have children. It was a decision that only my husband and I made together (no outside or inside influence). We don't appreciate or allow ourselves to be influenced or intimidated (about) decision(s) such as having a family." (Delphine, 50 years old, 2 children)

"Nobody had any bearing on my decision, including my spouse, once I had made up my mind." (Fiona, 49 years old, 1 child)

It is unlikely that *no* other factors had influence on agency, since parenthood is truly a community-inspired and aspired to state of existing in the world. The inability to point to

institutions in our lives, save as a by-standing phenomenon, can quite possibly be a result that some of the goals of lived-in institutions are so ingrained as to be glossed over.

There are some notions that do not seem to be consciously apparent as influences in decision-making, such as: being fertile and within a certain age group; self or partner having a job or income; having family and friends who will help, support and love; that regardless of current faith status, the seed of reproduction as an obligation has been sowed by religious teachings; that at school, on television, and in magazines the norms of the nuclear family and motherhood are omnipresent.

One could imagine that influences can also be invisible such as the internalization of norms and how one wants to respond to those norms. As an example, one woman (Beatriz, 38 years old, no children) during this part of the decision-making process was sorting her own thoughts regarding the topic and the more she thought about it (having or not having children), the more she decided that people seemed to be having children for the wrong reasons. It appeared to her that it was being socially imposed as of a certain age and that people do not ask themselves enough questions before having children, such as what type of parent they will be, what kind of education they will give them, how they are going to prepare their children for their futures. Ultimately, she determined, people don't ask themselves enough why they want children.

In another example of looking at and evaluating the information and seeing how others viewed the topic as well, one woman (Charlotte, 46 years old, no children) talked about some of her friends, who in jest, told her to "trick" her partner and get pregnant and that he would most likely accept this "accident". This was an isolated incident among the participants, however, this taking into consideration of others' points of view and aligning them with one's own brought to light this woman's thoughts about not having a child at any

cost and evaluating the positives of her own life regardless of children being a part of it or not.

Being able to see one's self through the other's viewpoint may also be an indirect influence, as one woman (Beatriz, 38 years old, no children) relates that she believes that friends and family do not understand her reasons for not wanting to have children. For them, she says, it is abnormal and they believe this decision is hiding something else. She believes her choice is based on principles that then question their choice to have children.

In the same vein as influence, when asked about how other people perceived the respondents' decision-making with regard to having children, the answers were mostly quite positive. This is reinforcing the notion that we believe we know how people will react to our actions, and we most likely prefer when it is a positive reinforcement. In the women's answers we were also able to see what the norm is that they were (perhaps unconsciously) influenced by:

"It was perceived as normal by everyone, the next phase of life etc..." (Kathy, 52 years old, 2 children)

"Everyone around us was super excited to hear we were having a baby. Our first child represented the first for his side and my side of the family. Everyone was genuinely happy for us. " (Delphine, 50 years old, 2 children)

"People were happy for us; many people said they saw us as parents." (Ellie, 37 years old, 1 child)

"I recall that family and friends were supportive of the desire have a child and willingness to go ahead with a vasectomy reversal. Oddly enough, as mentioned (before), it was the decision not to have any MORE than one child that was perceived as bad, wrong, not fair, not right, etc. " (Fiona, 49 years old, 1 child)

"Et la réaction des amis, de la famille? Tous très contents! " (Margot, 36 years old, 2 children)

"Having been with my husband for about 11 and a half years, our announcement of being pregnant was very well received and even much anticipated by friends and family alike. " (Quinn, 33 years old, 1 child)

"As with myself, my friends and family were happy as they felt it was the natural progression of things." (Valerie, 47 years old, 3 children)

"It was received very positively. I know both my parents and in-laws were thrilled, as were many of our friends and family members. " (Xaviera, 34 years old, 1 child)

A few of the women talk about some negative perceptions received, but once again, these reactions may be prompted by larger societal norms and expectations:

"Everyone seem(ed) really happy. A few acquaintances made hurtful comments, though I am sure they thought they were being funny, but I've since cut ties with them as I don't feel it's something I need to have around me or my family." (Glennis, 34 years old, 1 child)

"The only people who might have been less enthusiastic were my sister-in-law and brother-in-law who were having difficulties conceiving, and had miscarried, and a friend whose marriage was breaking down, and was very unhappy about her family situation." (Xaviera, 34 years old, 1 child)

Zoe (41 years old, 1 child), who had thought that she and her husband would have a life with no children because of her husband's illness, told of this anecdote about her father:

"Je me rappelle une conversation avec mon père. Il voulait s'assurer que mon choix de rester avec une personne ne pouvant pas avoir d'enfant était réfléchi et sincère."

Willa (31 years old, 1 child) stated that she felt guilty when she got pregnant since others were struggling and were perhaps envious or frustrated. She also said that people were very surprised since she was not "motherly" and had previously been vocal about not wanting to have children.

The women with no children do not seem to know concretely how people feel. They surmise what others are thinking, conceivably based on the possibility that they have not fulfilled the expected path.

“Mes amis et membres de la famille proches savent toutefois que je ne veux pas d’enfants. Ils respectent mon choix mais je ne crois pas qu’ils le comprennent véritablement. ” (Beatriz, 38 years old, no children)

“Not sure. People who don’t know me may think me selfish. I’m not sure what my friends think. Maybe that I was affected by own parents’ divorce or prior relationships, maybe they thought there were physical reasons I did not have kids. I think some couldn’t believe that I wasn’t having kids...” (Charlotte, 46 years old, no children)

“Pour une raison qui m’échappe, les gens pensent que toutes les femmes veulent des enfants. Quand on leur mentionne que ce n’est pas le cas, on se fait regarder de manière étrange comme si quelque chose n’allait pas...” (Jacqueline, 36 years old, no children)

“My family does not really say anything. I think they think it is/was a phase and perhaps they are right. The older you get the more surprised people seem that you do not have children or are not dying to have them.” (Theresa, 34 years old, no children)

Some influences can be our own emotional attachment to the topic and the meaning ascribed to it. One woman (Ursula, 50 years old, 2 children) talked of her mother, who from her deathbed, told her daughter not to worry, that her life would not be wasted even if she did not have any children. Had it been a topic of discussion prior and was the opinion different at that point? Did the daughter feel that she had her mother’s blessing not to have children when she thought she might never have any, only to rejoice in her unexpected pregnancy later on?

Perhaps because women with no children interact (or are forced to interact) with their circumstance more publicly, they may have a keener view of possible influences other

than self, partner or family on their fertility-making intentions/decisions. Influences that were mentioned in regard to having or not having children but which were raised by the women with no children were the state of the earth and society (pollution, overpopulation, cruelty to animals, capitalism), social norms and pressures, culture, media, government, church, health, and financial incentives. It is quite possible that although institutions have provided a framework within which we can work, Symbolic Interactionism shows that we can accept or reject parts of the framework to fit in with our choices and our needs at any given moment.

Although never a linear process, it can be presumed that desire-inspired intentions to have children (or not) are formulated at some point and might evolve into concrete expectations based on the mitigating circumstances of one's life. For some women this decision may come early and be unwavering. Other women may have a vague intention without a huge desire, or perhaps a huge desire with no intention. In this sample, desire and intention have been conflated because, as a hindsight exercise, it is difficult for the women to separate the two notions distinctly at this point in their lives.

Once the bud of desire starts to grow, do women arrange (or try to arrange) their lives to fit in with that intention? Is it even possible to align all aspects of one's life to fit in with one's created ideal? Can autonomy in this decision ever be complete in terms of career, education, housing, partner, age and finances?

Twelve of the 17 women with children expressed the notion that having children eventually was a desire (and/or a presumption). It was a given that they would make decisions in their lives that would concord with their end goal to have children.

Some of the thoughts of the women who "always wanted" children, incorporate the notion of time, that from a young age, this was their desire. One woman mentioned that it

was part of the “plan” and another alludes to children and marriage as an inseparable combination. It would seem that these women would have actively participated in aligning their decision-making factors to coincide with this desire.

*“From a very young age I knew that I wanted to have children, probably from the age of 11 or 12. My vision did not change; it became clearer with time...”
(Valerie, 47 years old, 3 children)*

“As far as I can remember I always wanted children...and I wanted children in my mid-twenties, definitely before I was 30 (because my mom had me at thirty and I felt there was a large age gap that I'd have liked to diminish for my own experience).” (Quinn, 33 years old, 1 child)

The women who always “presumed” give more of a sentiment of the events happening to them, and that although they are willing participants for the most part, life will simply unfold and eventually children will be part of that life. They do not speak of taking personal action in this decision-making.

“I recall just presuming that I would have children. I didn't really think about how many or when, just the presumption that this was what ‘a good life’ was about: fall in love, get married, have kids, buy a house, grow old together. It was a societal norm that I was quite willing to adopt as my future.” (Fiona, 49 years old, 1 child)

“I do not remember intentionally making the choice, I always felt that I would be a mother no matter what...I always loved, loved, loved babies and have always felt maternal, inherently.” (Kathy, 52 years old, 2 children)

*“I always just assumed it would happen one day. I remember the first time I realized I really wanted kids, and could envision having them with my (then) partner, I was 22. However, I have never been in a hurry to have them.”
(Xaviera, 34 years old, 1 child)*

Conversely, 5 of the 17 women with children stated that they did not have any deep desire, but in three cases, the desire did manifest itself when they met their partners with whom they would eventually have children.

“Avant 30 ans, l'idée d'avoir un enfant n'était pas très présente. Je me questionnais même à savoir si j'en voulais réellement car j'aimais bien la liberté que ma vie me procurait. J'ai compris par la suite que je n'étais tout simplement pas prête. Dans la vingtaine j'étais capable de m'imaginer sans enfant, c'était un concept trop abstrait pour moi. J'ai commencé à y penser davantage quand j'ai commencé à fréquenter mon conjoint actuel...”
(Alexandra, 37 years old, 1 child)

Of the two women who had no desire, one of the two women did have a partner who wanted children more than she did and although she never personally felt that it was a need either to prove herself as a woman or to feel complete, she nonetheless had children.

“Quand j'étais jeune, enfant et adolescente, je ne voulais pas d'enfant. Je n'avais aucun désir d'être mère. Ce n'était pas un besoin pour moi. Moi je disais : « moi je n'aurai jamais d'enfants »...J'ai eu des enfants parce que mon conjoint en voulait, après 14 ans de vie commune...Comme je l'ai dit, c'est mon conjoint qui en voulait, ce n'était pas du tout un besoin pour moi.” (Ida, 45 years old, 2 children)

The notion of having an “accident” to explain one’s pregnant outcome seems to be more commonplace than this present sample offers. Only one woman with no desire, who never really wanted children, ended up having an “accidental” pregnancy. It is clear that with all the contraceptive choices and the termination options available, a woman who truly does not want children, will most likely follow a more determinant route. This does open the door however, to further exploration of passive decision-making.

Four of the nine women with no children expressed the notion that having children eventually was a desire (and/or a presumption). In either case, it was/is a given that they would/will also try and make decisions in their lives that would/will concord with their end goal to have children. They have set up guiding parameters, mostly aligned with their ages and partnership statuses as the literature suggests. Since a few of them are still in a possible age parameter, but without a partner, there is a sense of determination to achieve their result. However, none is willing to go through the endeavor alone.

"I always assumed I would have children, from the time I was a child, this continued on to adulthood...I wanted this up until my late thirties and then it seemed like it would be ridiculous to pursue it, to force it. Time marched on and the ship was sort of sailing. Not finding a suitable mate is what influenced this the most... I wanted to have children, but certainly not at any cost... Single motherhood was never an option I was willing to take on." (Charlotte, 46 years old, no children)

"My thoughts about having kids started in high school and for the longest time I was always unsure if I wanted kids. I actually for a long time said I don't think I want kids. At the same time if I did have kids I saw myself doing it around 30. Towards my late twenties I started questioning myself more about whether I actually wanted kids or not. Now in my mid-thirties I think I want kids but do not have an overwhelming urge to have them. The older I get...the more I feel I do want to have a child, but I think solely because the choice is slowly being taking away from me? Literally by my body's clock..." (Theresa, 34 years old, no children)

The other five women with no children stated that they did not have any deep desire, but in three cases, there was ambivalence/indecision about their future and/or current situation with regard to having children. In two cases, the women's partners are more vocal about their desire to have children and so it is on their minds, but not as a personal desire or plan.

“(S)i ça m’arrive, ça m’arrive, si non, alors voilà! Je laisse la vie aller. Je trouve que la pression est trop forte et surtout inutile. Il ne faut pas prendre pour acquis que nous pouvons avoir des enfants... Mon conjoint veut des enfants...si on ne pouvait pas avoir d’enfant, je pense que son deuil serait plus fort que le mien...” (Yasmine, 30 years old, no children)

“Non, je n’ai jamais, mais au grand jamais eu envie d’avoir des enfants!... En fait, c’est mon chum qui veut des enfants, il croit que ça va le rendre plus jeune! Je crois plutôt l’inverse. Mais bon, je serais prête à avoir un enfant, peut-être deux, mais pour aucune raison particulière. Par amour, probablement!” (Laura, 32 years old, no children)

As can be detected, and which will be covered in more depth in the following section, women’s choices are seemingly influenced by being in a relationship, choosing a partner or having a partner who wants children.

Partners

Despite evidence that marriages and/or long-term relationships are more precarious than they once were, most of the women in this thesis have connected their fertility decision-making to a partner. Whether the women initially wanted or did not want children, having a partner was a primordial consideration in their decision-making evolution. Although these marital/co-habitational relationships may not last the course of a lifetime, the link to, and responsibility for, any ensuing children would likely be assured for the parent-child lifetime.

In quite a few instances, women with ambiguous desire/intention deferred to their partner’s desire/intention to have, or in one case, not have, children.

“Mon conjoint l’exprimait avant moi, depuis quelques années, moi je ne me sentais pas prête.” (Alexandra, 37 years old, 1 child)

"My husband really wanted to have children – and I strongly believe that we entered this relationship together to do things together. Having children was one of those things." (Delphine, 50 years old, 2 children)

"J'ai eu des enfants parce que mon conjoint en voulait, après 14 ans de vie commune...alors pourquoi pas?... Je me suis dit que lui il en voulait, ça fait dix ans qu'on est ensemble, ça ferait du nouveau, une sorte de nouvelle aventure à vivre à deux etc. etc. etc." (Ida, 45 years old, 2 children)

"L'amour, j'ai trouvé la perle rare avec qui ça ne me dérangeait plus d'avoir des enfants...Il en voulait plus que moi." (Margot, 36 years old, 2 children)

For some women, their belief in their partners' abilities to parent superseded their beliefs in themselves as mothers, or yet, gave these women the confidence to go ahead with a prospect that seemed too daunting prior to meeting the right person.

"Quand j'ai connu mon conjoint, il vivait avec sa mère qui était gravement malade et j'ai pu constater comment il s'occupait bien d'elle. À ce moment, je n'ai pas eu de doutes qu'il serait un excellent père de famille!" (Alexandra, 37 years old, 1 child)

"Grâce à lui, j'ai eu le courage d'affronter toutes les étapes d'une grossesse...et ce qui a suivi. Il est patient et très habile avec les enfants, plus que moi! J'suis pas certaine que j'aurais été capable mentalement d'élever mes filles avec un autre gars... certains gars ne sont pas aussi passionnés, attentionnés et patients que lui. " (Margot, 36 years old, 2 children)

"...je voudrais offrir le meilleur à mon enfant, et puis la perte de l'indépendance me tracasse un peu ... et voir toutes les mères avec leur liste, leur organisation stricte du temps, de la garderie, du dodo, etc, cette routine favorable à l'enfant n'est pas du tout innée chez moi! Par contre, je sais que mon chum va s'impliquer activement et cela me rassure." (Laura, 32 years old, no children)

In some instances the partner was pivotal in timing or deciding how many children the couple would have. In one couple (Quinn, 33 years old, 1 child), the timing of the first child was put off until they were living in a house – something her husband insisted on.

Another woman (Paulette, 34 years old, 1 child) talked about wanting a second child since her own husband had found it difficult being an only child (he had suffered from being overprotected as an only child). Xaviera (34 years old, 1 child) would like to have more than two children, but her husband has said no to more than two because of financial constraints. Although she understands this from a practical viewpoint, she almost hopes to have twins in a second pregnancy in order to achieve her desired total of three children although she will acquiesce to his decision for two children as a final outcome if she only has one more pregnancy.

Ursula (50 years old, 2 children) had given up all hope of fulfilling her dream to have a husband and children since time was passing. Her first husband had not wanted any more children (since he already had one child from a prior relationship) and with her advancing age, she did find a partner who wanted to have children (although not at all costs).

Sometimes the women's choices of partners or their own actions did not coincide with their own stated intention. One woman (Noelle, 37 years old, no children) who had expressed a desire to have children spent seven of her fertile years (ages 30 to 37) dealing with her breakup with a partner who did not want children to begin with. So, in addition to the seven years of grief, there was also the initial five years spent with a partner who did not want children. Another woman (Charlotte, 46 years old, no children) would have liked to have had children, stated that in hindsight, she might not have invested as much time as she did in certain relationships: "The clock was ticking and I feel like the buzzer went off while I was investing time in people who did not deserve it". She subsequently met her current partner who had no desire to have children and although she had asked him to reconsider it, stated that "...you can't negotiate with someone who says they know they

definitely do not want to have kids”. In these two cases, choices of partners during their fertility years proved to be important barriers to their having children.

Most of the women with no children also state that partners are critical in their future decision-making (either in order to have children or even to not have them). Single motherhood is seen as a negative state. None of the women with no children would consider having a child alone (there may well be factors other than partner, such as financial stability being considered when making that decision). Simone (47 years old, 2 children) had contemplated having a child alone if she had not found a suitable father. With hindsight however, she stated that knowing what she knows now, she would not have had a child alone. One woman (Glennis, 34 years old, 1 child) does not want any more children since her husband works many hours and she “feels” like a single mother already.

In seven instances, the male partners were overt about their desires for children and the women had to decide at that point what to do with their female biology that would allow them to have a child together as a couple. As will be presented in the decision-making/readiness section, most women cited being married or in a long term commitment or wanting a partner in order to consider themselves “ready” to have children. This readiness could imply an optimal state of being to move to a next step.

With regard to whether the relationship could have continued if the woman had not decided to have a child, it is not certain what would have transpired, although it is within the realm of possibility that the couple would not have been able to continue if the woman had not decided/does not decide to agree.

“Je ne sais pas (si le couple en dépendait d’avoir des enfants). Je pense qu’on était rendu là. En vérité, je pense qu’on ne serait plus ensemble s’il n’y avait pas eu les enfants. On avait fait le tour du jardin comme on dit. Les enfants, comme tout grand projet, voyage, maison etc., ça fait un sujet de conversation

et ça tient occupé. T'as pas vraiment le temps de penser à autre chose.” (Ida, 45 years old, 2 children)

“Non, car nous en avons déjà discuté et il respecte tous les choix que je prends. Quand j’ai su que j’étais enceinte, ce n’était plus une question! Il était tellement content! Et moi aussi, j’étais prête à 30 ans de commencer une nouvelle vie” (Margot, 36years old, 2 children)

“...et bien voilà, oui, je crois que ma vie future peut finir par en dépendre, car mon chum rêve d'avoir un enfant depuis 6 ans déjà, si ce n'est pas plus! J'ignore totalement si mon couple pourrait survivre à un non catégorique ... ça fait déjà 13 ans qu'on est ensemble ... donc c'est un peu la suite des choses ! L'adoption est une alternative, mais mon chum préfère avoir "ses" propres enfants ...” (Laura, 32 years old, no children)

The weighing of the relationship with their partner was most likely part of the decision-making process. Taking into consideration the possibility of life without their partner could have weighed in their reflection of the pros and cons with regard to fertility decision-making.

Distinct to that consideration of the pros and cons, could deciding to have a child for a partner who has a higher desire potentially be considered a gift?

“(O)ui, bien sûr, c'est un cadeau ... un don de soi en quelque sorte ... mon chum en voudrait 3...moi, au départ, je n'en voulais aucun...”(Laura, 33 years old, no children)

“ On peut dire (que c’est un cadeau) mais, en fin de compte, je suis tombée en amour avec mes enfants. C’est un amour inconditionnel. C’est plus mes enfants que les enfants de mon mari ! ” (Ida, 45 years old, 2 children)

“Un cadeau pour nous deux... lui aussi à 27 ans, n’ayant pas encore de partenaire, n’y croyait plus... Puisqu’on s’aime beaucoup,...on se connaît bien, on savait qu’on serait de bons parents.” (Margot, 36 years old, 2 children)

It would seem that we could consider it as a gift, but one that seems to ultimately benefit both partners. Whether decided intentionally or not in conjunction with, or because of, a partner, the influence and ensuing intentions to have children or not are also a factor of readiness factors that enable an active (or sometimes passive) decision-making.

Decision-making and Readiness

Within the Quebec context, there is relative economic wealth, a reasonable cost of living, a stable-enough labour market, generous maternity leave benefits and funded day-care which may have helped in making this decision if one has other personally important/necessary elements in place (partner/finances, housing, etc.).

This decision-making is the choice made in relation to the original desire/intention. The concepts of readiness and of decision-making can be considered as part and parcel of moving toward action. Women were able to cite certain criteria that made them ready to make a choice. The most cited reason for readiness for women with children was being married/being in a committed relationship. Having the right partner in terms of shared values and as a concrete example of their love for one another was also part of being ready to have children.

““Ready” at the time meant being in a stable, committed relationship and having financial viability to provide necessities and a short term goal of providing a “home” in a family oriented neighbourhood.” (Fiona, 49 years old, 1 child)

“Being married was a big factor for my first.” (Kathy, 52 years old, 2 children)

Other important factors that made them “ready” was their age (they felt mature enough, or they were fast-approaching an age they would have considered too old to start/continue a family), being financially stable/having a job, having the proper living

arrangement (house, large apartment) and that the timing was right (presumably everything else was in place).

"You never feel totally ready, but my age was a factor" (Ellie, 37 years old, 1 child)

"L'âge... j'ai eu mon premier à 30 ans et je trouve que je commençais à être vieille." (Ida, 45 years old, 2 children)

"J'étais en couple stable, mes conditions socioéconomiques étaient convenables..." (Ursula, 50 years old, mother of 2)

Having already acquired a certain level of pre-child expectations (travel, acquisitions, life experience), some were ready for a new challenge and were emotionally and physically ready.

"Nous avons attendu d'être plus stables financièrement et affectivement...Je bénéficiais déjà d'une certaine expérience de la vie, j'avais des amies déjà mamans. Nous avons aussi assez profité de notre liberté de couple sans enfant (voyage, sorties, etc.) Nous étions maintenant mûrs pour un nouveau défi..." (Alexandra, 37 years old, 1 child)

Although many of the women followed a contemporary life sequence on the path to readiness, two women ascribed their pregnancies to being unplanned. They felt that because it had happened that way, it made them ready. Another woman who had an unexpected pregnancy (at 44 years old, she did not expect to ever get pregnant or have a viable pregnancy given her age and that she had previously had a miscarriage) decided that this was her last chance and that was part of the readiness.

"...(C)'était ma dernière chance!!!" (Ursula, 50 years old, mother of 2)

One woman, who had articulated a very long thought process and consideration for various factors before finally having a child, nonetheless was deemed emotionally ready through this anecdote:

“As mentioned I always wanted children, but was very scared about the process...I was waiting till I was going to be “ready”. In the month of October 2009, my period was over two weeks late, even though I was on the birth control pill. I was in a panic and got a pregnancy test, but waited several days to do it...out of fear of the result. Finally, I did a pregnancy test VERY early one Saturday morning, and when it came back negative I was soooooo SAD, I cried off and on for the entire weekend and a few days after that. I spoke to my husband and said, “I think I am ready now”! So (I) got off the pill soon after, and I got pregnant in May of the following year.” (Quinn, 33 years old, 1 child)

Readiness for women with no children can either be a readiness to accept their current state of not having children, or determining what it would look like for them to be ready to have children. For women with no children but who would like to have them, having a job or being professionally accomplished before having one is a factor.

“Mon cheminement de carrière... Je pense que je vais être prête à avoir un enfant lorsque je serai « accomplie » professionnellement.” (Yasmine, 30 years old, no children)

Additionally, finding the right partner and still being of age to have one also figure in the factors to be considered for readiness.

For the women with no children (and most likely who will not have any due to age or preference), being ready to accept their decision had unsurprisingly less to do with concrete factors and more to do with personal satisfaction with regard to who they are and who their partner is, and with their conscience in terms of not passing on any potential medical issues.

“Je pense que tranquillement le fait de ne pas avoir des enfants devenait un choix plus facile à vivre que celui d’avoir des enfants dans des conditions autres que celles que j’aurais choisies et souhaitées.” (Beatriz, 38 years old, no children)

Simply because a decision is made does not necessarily imply that it is understood by everyone in the same way. Consistent with our approach based on symbolic interactionism, imbued meaning can be absolutely different from one woman’s reality to another’s. In one example, one woman (Glennis, 34 years old, 1 child) stated that she and her partner are sometimes not good at making serious decisions, but are good at acting on things if they need to be acted upon. Their pregnancy was perhaps mistimed and not as intentionally planned as another pregnancy might be, however, the notion for her that she and her partner will act on their indirect decision and will “step up to the plate” could be considered, for all intents and purposes, a thoughtful decision.

In another example of meaning being subjective and being understood in meaning by its owner, a woman (Laura, 32 years old, no children) who is completely conflicted by the decision-making process because she does not have a desire to have children, believes that her long-term relationship’s continuation is dependent on her having children. She offers some very valid and ostensibly thought-out reasons not to have children:

“...ça coûte cher, on perd sa liberté et son argent... Il y a aussi le monde dans lequel on vit, le capitalisme me fait vomir et la pollution et la maltraitance des animaux... Alors, je me demande toujours comment peut-on mettre des enfants au monde dans un monde aussi laid et ignoble! Surtout, qu’il y a déjà trop de monde sur Terre, trop d’affamés, de pauvres, de gaspillage, trop de surconsommation, etc. Je pense que mettre des enfants au monde, c’est très égoïste!... Il y a aussi l’environnement qui m’influence, le fait de vivre à Montréal ne me donne pas le goût d’avoir des enfants...comme tu sais j’ai grandi sur une ferme, l’air est pur, il y a de l’espace, tout le monde se connaît, alors qu’ici, c’est pollué, les voisins ne se parlent pas, alors c’est dur de faire

confiance à son voisinage pour de l'aide, alors qu'à la campagne ce n'est pas comme ça. "

Yet she offers vague, almost trite reasons to have children:

"Mais bon, Freud dit qu'une femme n'est pas réellement une femme tant qu'elle n'a jamais enfanté; alors pourquoi pas?... En fait, je ne ressens aucun besoin particulier par rapport à la maternité. À part, faire plaisir à mon chum et à sa famille... Alors, je suis condamnée à une vie plate et ordinaire. Alors, aussi bien avoir un enfant pour mettre du piquant dans nos vies!...j'ai envie de faire partie de la grande aventure de la vie, de la femme, alors je me laisse bercer par la vague de la trentaine... C'est naturel d'avoir des enfants, alors pourquoi ne pas embarquer dans l'aventure! " (Laura, 32 years old, no children)

as though downplaying the magnitude of the decision might make it easier for her to accept it should it come to that. Or perhaps because she truly is going to offer an act of love to her partner and will be happy with her decision to have children (if they do). Only she can understand the depth of meaning of her decision.

It is possible that women with no children think more about the topic since their situation is not a "natural" stand or sequence and their deviation from the norm makes them stand out more. Perhaps they also have the self-focus and the luxury of time to spend considering the question of their readiness or of their final decisions.

Contraception

As mentioned earlier, because women have fewer children in their fertile lives now, they must spend a lot more time avoiding pregnancy and using contraceptives (Keogh, 2006: 86). Choices about contraceptives need to start as soon as women become sexually active and are fertile. Since women's sexual lives are starting much younger now, it can be safely estimated that there are about 30 fertile years during which a woman could get

pregnant. Given that women are having approximately one to two children on average, one to two years can be removed from the 30 year calculation. Therefore this is a temporally pertinent topic for women for almost half of their adult lives.

For purposes of this thesis, contraceptive effectiveness will be defined as follows with regard to choice of contraceptive method:

- Low (meaning a higher risk of mistimed pregnancy): Withdrawal, calendar method, no contraceptive, inconsistent pill use, inconsistent condom use
- Medium: sporadic or incorrect condom use, diaphragm
- High: consistent pill use, tubal ligation, contraceptive injection, vasectomy, IUD, consistent and proper condom use

Of the women with children, the women used variably low, medium and high level contraceptives depending on certain factors. Some of the women, who had not expressed early desires or intentions to have children, used high-level contraception until they finally decided to have children:

"J'ai pris des anovulants (pilules) dès l'âge de 18 ans jusqu'à 30 ans. Quand mon conjoint et moi avons décidé d'avoir un enfant, j'ai cessé de prendre mes anovulants." (Alexandra, 37 years old, 1 child)

"I went on the pill at age 18 and stayed on the pill until I became involved with my husband, who based on his vasectomy, provided birth control going forward. I was on the pill again briefly after the vasectomy reversal until we were at the point when we were ready to try for me to get pregnant and then I went off the pill." (Fiona, 49 years old, 1 child)

"J'ai commencé à prendre la pilule à 18 ans et j'ai arrêté 4 mois avant de tomber enceinte, donc environ 10 ans." (Ida, 45 years old, 2 children)

These women took control of their fertile bodies by using a female-powered and highly effective method of birth control until they were ready to make a decision regarding pregnancy. Conversely, some women with children who had initially stated a low desire for

children, used low-level contraceptives in that they were either not efficient barriers to contraception, or were ineffectively used:

"We used condoms for the first few years of our relationship, then I started charting and using the natural method." (Ellie, 37 years old, 1 child)

"Honestly I never was the best at them as I mostly took the pill yet would often forget." (Glennis, 34 years old, 1 child)

"Je pensais le condom fiable, il l'est lorsqu'on le met à temps..." (Margot, 36 years old, 2 children)

This could be interpreted as passive decision-making or ambivalence/indecision about timing or motherhood. Some of these women had partners who had expressed a greater desire than their own to have children and that may have indirectly affected their choice of contraception.

Two women with children had stopped using contraceptive methods entirely given the information they believed rendered pregnancy unlikely enough. In one situation, Ursula (50 years old, 2 children), thought her advanced age (44 at the time) and a previous miscarriage would have presented a non-viable pregnancy, a successful conception notwithstanding. And Zoe (41 years old, 1 child) had presumed her husband's sterility due to many sessions of chemotherapy over an extended period of time.

Of the women with no children, some women had a low-level desire for children and used high-level effective contraceptives, thereby exerting their own influence on remaining without children. Women with no children, who did have a high desire for children, used medium-to-high effective-level forms of contraceptives, but never had the right partner at the right time for conception.

One woman (Laura, 32 years old, no children) had low desire for children and used low-level withdrawal as her form of contraceptive (“...et je ne suis pas encore tombée enceinte!”), and seemed to almost hope that pregnancy would not occur despite using a low-effectiveness method (“Présentement, on s’essaye, mais si ça ne fonctionne pas, c’est un mal pour un bien!”).

Most of the women (22 out of 26) had used the contraceptive pill at least once in their lives. Thirteen of the women had used the pill as their sole or longest-term method of contraceptive since an early age (usually around 18). Seven women stopped taking the pill citing various physical ailments (migraines, side effects, toxicity) and then mostly used condoms as their main contraceptive (although some used other methods afterward such as Depo Provera). Eight women stopped taking the pill expressly in order to allow pregnancy to occur. In five cases (women with children), the pill was either stopped or not re-started due to more permanent decisions (tubal ligation, vasectomy, sterility from complications during first childbirth). Six women (and their partners) either purposely left the door open to future children by not resorting to more permanent methods, or they are still in their fertile periods and want to keep the possibility of fertility available.

Such a high number of women in this thesis using the pill points to the relatively recent concept of sexuality being separate from fertility and allows freedom of sexuality without pregnancy (Keogh, 2006: 85). Although the pill is the most commonly used contraceptive, four women had never used it, seven stopped taking it due to various side effects, and four women chose permanent solutions rather than return to the pill, giving rise to speculation as to the perceived safety of using chemicals to deter one’s fertility.

As the literature indicates, many women used condoms at the beginning of a relationship, for casual sexual encounters, or combined with other methods for protection

against STIs. However, many women also used condoms as a contraceptive method after their first child and sometimes after their family formation was, for all intents and purposes, terminated.

With all of the contraceptive methods available, it seems that many of the women in this research used their contraception correctly or intentionally in order to achieve their fertility goals throughout their fertile lifetimes. That is not to say that there were no “surprises” along the way.

The concept of “surprise” is a sometimes disingenuous one when we take educated, knowledgeable women who state that they are not quite sure how they became pregnant. Ursula and Zoe, as presented above, have presented plausible, yet not impossible, circumstances for unexpected pregnancies. Despite their lack of fervent desire to have children and their acceptance of their expected life with no children, they most likely both saw this as their one, only, and final chance at pregnancy/motherhood.

“Oui, quand ma relation avec mon conjoint est devenue stable, nous n'utilisons plus de condom et nous ne faisons plus attention aux périodes critiques ayant en tête que je n'aurais pas d'enfants et que les chances d'en avoir seraient minces.” (Ursula, 50 years old, 2 children)

“Après la série de...chimios de mon conjoint qui avaient tous comme effet secondaire la stérilité. Quel fut le résultat... de cette décision? Grossesse surprise après presque 10 ans!!!” (Zoe, 41 years old, 1 child)

The women, when talking about their unintended (surprise) conceptions, did not equate these conceptions as unwanted nor mistimed. Willa (31 years old, 1 child), who had not wanted to become pregnant, was happy nonetheless when it happened. And Glennis (34 years old, 1 child), “...had not wanted to become pregnant but was not trying to avoid it either”. These women went ahead with their pregnancies, presumably on the basis of

having other sufficient factors in place (employment security, housing, partner, support, etc.). This suggests the ambiguity of their position and the constant, temporal, reassessment of it.

In terms of proceptive behavior, quite a large number (11/17) of the women in this study intentionally halted their contraceptives in order to conceive. This could be interpreted as having been timed and anticipated when most of the factors they deemed important to be in place had been achieved. Other proceptive behaviour, such as ovulation charting, planning of sexual relations, etc. was not discussed.

When some women in the group were faced with mistimed or unwanted conceptions, they were able to avail themselves of methods to terminate the conception, either through abortion or through morning-after pills. Four women, who subsequently had children, had either had an abortion and/or had used the morning-after pill. Three women with no children had either an abortion and/or used the morning-after pill. Presumably all the women had decided at that moment that conditions or factors with regard to childbearing/rearing were not aligned. For privacy reasons, I will share their comments without identifying them.

"I was 23 years old (way too young-not wanting kids at all)...I was in university, not financially stable, I could barely take care of myself financially...It was with a guy that was not serious, pretty much a one night stand...I was not on the pill at the time."

"Early into my relationship with (my partner) I was not on the birth control pill. We started having sex after about one month of being a couple. I...had never been regularly sexually active before. I took the morning after pill after an unprotected sexual experience. I was...too young to even consider having a baby. We were irresponsible to not use protection, but were definitely not ready to be parents, so I took it as a precautionary measure. The main factors were mainly my age, and also the fact that it was a fairly new relationship and we were both definitely not ready to have kids...Other factors were monetary

and the fact that I was still in school. This actually happened twice within a month...so I got on the pill right after."

"D'ailleurs, à une occasion, j'étais en relation plus ou moins stable avec un homme et j'ai dû prendre la pilule du lendemain. L'éventualité de l'avortement a fait surface bien que cela aurait été pour moi un cas de conscience.... "

Abortion and morning-after pills are essentially means to halt a conception and will be viewed by each woman with their own subjective meanings regarding the act of termination or its symbolic equivalent. It is then understandable why some women could be reticent to end conception and others could be able to go forward with it.

Age and partner seemed to be the largest factors with other factors also mixed in (finances, desire) to decide to terminate or halt conception. Unknown, but a future area of research could be the question of how they felt about their chances of future fertility when they made the decision to terminate their pregnancy.

Three women (with children) stated they would not have had abortions had they been in a position to have a mistimed or unexpected pregnancy. By stating that abortion would not be an option for them, it could be surmised that they were subconsciously, or even overtly, still open to the possibility of adding to their families, that had been decided were large enough, or that they were simply opposed to abortion.

Two of the women who were low-desire/low-effective contraception before their first unplanned pregnancies state they do not want further children, yet they remain casual about their current low-contraceptive use:

"I am using the pill right now. I wanted an IUD but insurance wouldn't cover it so hopefully the pill works (and [that] I take them more consistently!)"
(Glennis, 34 years old, 1 child)

*“J’ai une prescription pour un stérilet mais j’suis pas allée encore...Disons qu’on est retourné à prendre des risques présentement, mais on est plus prudent...”
(Margot, 36 years old, 2 children)*

It might be presumed that, as with their first children, they would willingly accept another “accident” in an example of passive decision-making.

Present contraceptive use for the women with children affects only 7 of the 17 women, the other 10 either having completed fertility through sterilization or through menopause. Of the 7 women who are still fertile (all with current partners), 2 are using high-level contraceptives (IUDs) and the others are using low to medium-level contraceptives (natural method, no method, inconsistent pill and unsystematic condom use). It would seem that they have not decided to close the door permanently or definitively on further childbearing.

Of the women with no children, one woman is menopausal, and two women are still within their fertile period and have partners. One is using the pill (high-level) and will decide when (or if) she is ready to have children and will stop contracepting. The other woman is using a low-level method and will let nature take its course with regard to her fertility. The six other women are still fertile, but have no partners (and no desire to have children without a partner) yet a few are still contracepting with the pill, contraceptive shot, or condoms.

Contraception is an important component of a woman’s fertility decision-making and when used as an adjunct to a woman’s desires and intentions, can directly impact the course of her expected fertility and as well, the expected or modified final fertility outcome.

Expectations, Changes and Outcomes

The intention and then expectation (to have children and/or a certain number of them) created by self or influenced by many different elements led the women in this research to take various, yet similar routes, that affected their childbearing outcomes. As seen in Table 5.1, a temporal decision-making chart shows that changes from their initial starting point were possible, and sometimes necessary, depending on life circumstances.

Table 5.1 - Temporal decision-making chart of childbearing intentions and expectations

	Might still have (more)	Will not have (more)	Total
Women with children			
Initially intended/expected	3	6	9
Initially uncertain	4	4	8
Women with no children			
Initially intended/expected	2	2	4
Initially uncertain	4	1	5

This above table shows the uncertainty and malleability of the fertility decision-making decision in a concrete way. Thirteen of the women (all women combined) had initially intended and/or expected to have children and the other thirteen women were initially uncertain of their intention and/or expectation. This split presents itself equally between the women with children and the women with no children. This tells us that regardless of the initial intention, the expected and real outcome of this intention could as likely or not come to fruition as anticipated at the outset.

The three women with children who initially intended/expected to have children and might still have more are all at a stage where they are actively employing proceptive behaviours (cessation of contraceptives). The four women with children who were initially uncertain about having children, but yet may still have children are at various stages of their personal lives and are seemingly still uncertain given inconsistent contraceptive use, partner disagreement or continued uncertainty about having more.

The six women with children who initially intended/expected to have children and will not have any more have all completed their families and the potential for more children has been halted through sterilization and/or age (menopause). The four women with children who were initially uncertain about having children will not have any more children because of infertility, sterilization and/or age (menopause).

The two women with no children who initially intended/expected to have children and might still have some are currently single and have stated that they would not have children alone. Of the four women with no children who were initially uncertain about having children and might still have some, two are currently single and have stated that they would not have children alone, one is in the decision-making process with a partner who decidedly wants children and the other has a partner who also wants children but she is not yet ready to move to that step due to (young) age and career aspirations.

For the two women with no children who initially intended/expected to have children and will not have any, this decision is partially due to advancing age, partner disagreement (or lack of partner) and acceptance of life without children. The sole woman with no children and who was initially uncertain about having children and will not have children is single but will remain without children through choice.

At the intersection of intention and expectation lies the concept of the “ideal” family size. Does being able to articulate this “ideal” point to the fact that an expectation actually exists and that by not fulfilling it, we fall short in some way? Could this expectation have evolved from institutional influences that coloured the original intention and which to some extent motivated the ensuing decision-making?

When asked about how many children they had expected, or why they had chosen to stop childbearing (after two children), the answers were quite similar (and telling):

“J’en voulais 2 (une fille et un garçon)...Je ne sais pas pourquoi deux...une fille et un garçon, j’imagine comme le veut le standard de la société.” (Beatriz, 38 years old, no children);

*“We both felt that two children was perfect. We felt complete as a family.”
Delphine (50 years old, 2 children)*

“Mais après le deuxième, c’est fini parce que j’ai 33 ans et j’ai un gars et une fille” (Ida, 45 years old, 2 children)

“Always wanted 2, similarity to birth family” (Paulette, 34 years old, 1 child)

“As far as I can remember I always wanted children. I had wanted two, a boy then a girl, like my own family...” (Quinn, 33 years old, 1 child)

“Adolescente, je me voyais avec deux enfants, un garçon et une fille.” (Simone, 47 years old, 2 children)

“Mes désirs profonds étaient de me marier et d’avoir 2 enfants” (Ursula, 50 years old, 2 children)

“We had planned on 2 children, but life had other plans..... lol.” (Valerie, 47 years old, 3 children)

One woman has felt the weight of social expectation to have had a second child and also refers to her own mother status as having “just” one child. She has internalized this ideal of having two children and feels obliged to respond to having had “only” one child.

Despite having a valid, not to mention personal, reason for not having had more children (she had had a very difficult childbirth with the first, with no indication from the medical profession that an ensuing childbirth would be any easier or be made any easier in her particular circumstance):

“(T)here were a number of years when well-meaning family would say “you have to have another child; it’s not fair to have only one”. And also, as mentioned above, the medical profession as a whole and their stand on C-sections had great bearing on my final decision.” (Fiona, 49 years old, 1 child)

In the Second Demographic Transition, there is concern that replacement levels of fertility are not going to be achieved. However, people still seem to aspire to, or desire, a number of children that is close to replacement level.

Potentially in the spirit of adhering to the ideal family size, the expected number of children in some cases was modified from the original intention. Other than because of their partner, the women with children modified their expectation downward for reasons such as complications during first childbirth, the desire to only have one pregnancy (hopefully resulting in twins), because financially having more children was not feasible or because of their advancing age. The reasons for reviewing their intended number of children upward was to give the existing child a sibling, fear of regret if no children were borne, biologically able to do so, acceptance of an unplanned or mistimed conception, or to experience the mother/child love relationship.

The women with no children, for reasons other than their partner, reviewed their expectations downward because of a lack of an ideal scenario in which to have and raise their children, the fear of experiencing loss of a child, advancing age, financial inability, or no desire for the physical aspect of childbearing/childbirth. However, the most cited reason

for reviewing expectations downward was the unwillingness to intentionally be a single parent.

When deciding to potentially review their expectation to have children upward, the women with no children referred to possible future regret as a reason to potentially have children, the adding of some spice to life, adoption if the maternal need becomes so overpowering and age.

Although the women had expectations (or not) of having children and modified their behaviours accordingly, part and parcel of the changes or outcomes was also (or could have been) due to life events. In a show of the contemporary life sequence, the desired level of education had been achieved for most women prior to having children.

"... j'ai attendu justement la fin de mes études (qui se sont terminées à 25 ans) et l'obtention d'un bon emploi permanent avant de prendre la décision d'avoir un enfant. " (Alexandra, 37 years old, 1 child)

However, in a few instances, some women did mention further studies having been impacted by having children:

"I would have liked to study more – but my time was taken up more and more by their needs. I had no choice in the matter. " (Delphine, 50 years old, 2 children)

"My continuing education was affected, yes, by the fact that at one point it became impossible to juggle work, family life, raising children, caring for a sick child and going to school." (Valerie, 47 years old, 3 children)

In two instances the timing of their studies had an effect the on the timing of their childbearing outcome: in one instance, an intentional delay of childbearing to accommodate their studies and in another case, the abandonment of higher education to concentrate on childrearing:

“No it did not affect my decision, but did affect the timing of our decision. My husband and I decided was that we were not getting married or starting a family until I finished my studies. I went to school non-stop until I was 28. I finished high school, Cegep, a B.A in University, as well as a Certificate at the University level. I am absolutely done with school, unless some passion hits me in the future and I feel the need to return.” (Quinn, 33 years old, 1 child)

“Oui, abandon du doctorat.” (Simone, 47 years old, 2 children)

Career was not an area that was focused on and did not emerge as an important aspect for most of the women in this thesis in terms of affecting the expected outcome to have or not have children. Due likely in part to the relative homogeneity of the sample, most of the women in the sample did not have high-level careers that were, or might have been, interrupted. Fifteen of the 17 women were working at the time of their pregnancy. All of the women with children went to/returned to work after their children were born. Most (10) women returned after their allotted maternity leave (six months for some, one year for others) and all of the women from this study are currently employed.

In keeping with recent statistics (Girard, 2013) showing that the fertility rates of women under the age of 30 have fallen between 1981 and 2001 and have risen for the 30 – 45 year age group, the women in this sample also show the same trend as is shown in the following table.

Table 5.2 - Ages of participants at birth of 1st child

Age at birth of first child	Number of participants
15-19	0
20-24	0
25-29	5

30-34	9
35-39	2
40-44	1
45-49	0
Total	17

In the table we can see that most of the women had their first child after the age of 30, and the small number of women who had their children prior to being 30 years old, nonetheless had them after the age of 25.

When asked about how they felt in relation to their fertility decision-making, the majority of women with children felt very positively about their decision to have children and referred to it in terms of accomplishment (right time, goal achievement, right decision), as did B.-Dandurand et al.'s (1997) participants:

“C’est la plus grande joie que la vie m’a donnée!... Le timing était parfait. ”
(Alexandra, 37 years old, 1 child)

“Très bien! Je ne regretterai jamais d’avoir eu mes filles ! ” (Margot, 36 years old, 2 children)

When asked if they would have done anything differently, most of the women with children said they would not have done anything different. Or when they did state they would have done something differently, it had more to do with timing (starting earlier to have children) and partners (wished she had met him earlier) and not having to do with having children or not.

“I don’t think I’d have done anything differently due to where I was in my life at certain points, I made the decision and followed the path that was right for me. So I would not have made any changes to my decisions making about

having children, unless I would have made different life decisions, regarding school, work, etc.” (Quinn, 33 years old, 1 child)

Fiona (49 years old, 1 child) stated that she felt selfish for having stopped at one child and that with that decision she perhaps failed her child (for not giving him a sibling) and perhaps even herself. In hindsight, she may have done more questioning/research about having future children.

Another woman with children (Kathy, 52 years old, 2 children) wonders whether she might have made the decision to not have children given her overprotectiveness and the constant worry that she has. On the one hand, she states that the joy they have brought her makes her think she made the right decision, and that on the other hand articulating the notion that she might have made a different choice makes her feel like a “bad mother”.

The women with no children gave a variety of responses about their feelings of not having children and they coincide with what their original desire might have been. Women, who at one point might have envisioned children, but will not (or might not) have any at this point speak of being comfortable with their decision at this moment of their lives (with a soupcon of regret of what might have been despite being sure of the decision). However, given a an opportunity to do things differently, they mention spending less time in certain relationships or having perhaps been more active in a search for a partner to have children with.

Future plans seem to be in line with the pros and cons of having or not having children stated earlier in this thesis. The women with children point to activities that are related to freedom, time and money (travel, creative interests, work or educational pursuits):

"Start enjoying life more (travelling more) – now that the kids are grown up and more independent." (Delphine, 50 years old, 2 children)

"I think that I just want to be involved in more creative pursuits. But where I am supposed to find the time, I'm not sure." (Glennis, 34 years old, 1 child)

"Rénover la maison. J'aimerais voyager" (Ida, 45 years old, 2 children)

"I do look forward to more freedom: time-wise and money-wise... and to travel" (Kathy, 52 years old, 2 children)

"Other future plans and goals include travelling (especially throughout Europe), and reconnecting when I ever get time again with my photography and scrapbooking hobby. Mostly trying to do everything I could to have as much time as I can to do what I like and be with those I love! " (Quinn, 33 years old, 1 child)

"Retourner travailler à temps plein maintenant qu'ils sont assez grands. " (Simone, 47 years old, 2 children)

Five of the women with children articulated potential future plans for more children as shown earlier in this section and were at various stages in this regard (partner agreement/discussion, financial, trying to, timing).

Some of the women with no children again articulated future plans partially dependent on their desire and intention to have children:

"J'espère aussi trouver la personne avec qui faire ma vie et fonder une famille! " (Hermine, 32 years old, no children)

"Find a partner – to move forward with someone who wants children" (Noelle, 37 years old, no children)

Other women with no children pointed to continuation of life enjoyment through travel, friends and creative endeavours and potential enhancement in terms of educational or career pursuits.

In spite of the change in life course that decision-making may entail, the women were able to articulate the expectation that had arisen from their intention and to point to elements that may have changed their expected outcomes.

Chapter 6 Discussion and Conclusions

Although heuristic in nature and with a relatively small sample, some trends and patterns did emerge which point toward similarities in the elements affecting fertility decision-making. I had originally expected concrete decisions to be made specifically with regard to the original intentions and expectations to have children or not have children. However, since original intention is less definite than one might anticipate and expectations must be modified in relation to reality, decisions with regard to fertility decision-making are more fluid and dependent on life path negotiations.

With respect to larger societal norms and in concert with the theories selected, a few results surfaced. In terms of the concept of motherhood, although the women with children cited accomplishment as one of their feelings about maternity, many had already accomplished other contemporary life sequences such as education, travel, and work. In agreement with Schwartz (1993), the participants seem to have encompassed the notion that motherhood was in addition to education and career and not a stand-alone life project. As well with regard to the concept of motherhood, this research agrees with the literature in that the women with children did downplay negative consequences of having children and did position them as challenges that seemed par for the course (of motherhood) and not insurmountable or to be avoided at all costs.

“Other mothering”, although somewhat present in this study was not as prevalent as one might have imagined, especially with respect to the women with no children. Few of them did active “other mothering” either as compensation for not being a mother or for social fulfilment of a motherhood ideal as suggested in the literature. Even the women with children did not seem to embrace this other mothering role, perhaps because they had

already fulfilled the social expectation and did not have a necessary need to be maternal in other aspects.

The women in this research did support the notion that setting oneself up was an important part of the decision-making equation. No doubt due in part to the relative socio-economic and demographic homogeneity of the sample, everyone was in a position to assume the responsibilities that their decisions imposed.

No clear difference emerged between women with children and women with no children in terms of career being a factor in their fertility decision-making. Both sets of women were educated and neither put their careers as predominant reasons for not having or waiting to have children or for modifying their initial intention to have children.

These contemporary prerequisites such as of career and of setting oneself up cited in the literature seem to be an area that has been integrated into the new life course that the second demographic transition has contributed to. The women in this study had for the most part attained high levels of education, had lower levels of fertility and had chosen effective methods of contraception. Missing from this sample and differing from the SDT, was the precariousness of relationships or higher levels of cohabitation. Most of the respondents were married and in long-term relationships and many had come from intact families.

Despite the stated precariousness of partnerships within the second demographical transition context, 14 of the 17 women with children were still partnered with the father of their children and of the three other women, one was as a result of death and the other two of divorce. That said, five of the aforementioned women had their children with their second (or subsequent) long-term partner, and three are re-partnered now, suggesting the trends of the SDT with regard to potential remarriage and family blending.

In keeping with SI notions, the women resoundingly claimed autonomous agency in their fertility decision-making and women with children were aware of the positive social perception from their family and friends. The women with no children were able to sense, but not quite name, overt negative social perceptions. It is quite likely that with advancing times and more diverse social acceptance, women not having children through choice or circumstance are less impacted by negative social perception as has been consistently suggested in the literature.

The women with children spoke of their path as actively chosen, decided – they had been captains of their ships and the very few unplanned/mistimed pregnancies in this study bear this out. The women with no children were also inclined to assume their life paths, even if they had not ended up (or were not yet) where they thought they might already or wanted to be. This agrees with symbolic interactionist theory that agency is a result of many concurring factors that we make sense of in relation to our personal reality.

However, as Bernardi (2003) suggested, women with children were disinclined or unable to point to outside influences with regard to their fertility decision-making as the women with no children were able to articulate. That is not to say that they did not consciously and meaningfully make their fertility decisions, since, due to their belief in their own agency, they illustrate that their decision-making was made free of coercion, and of their own freewill.

The childhood experience, as well as the marital status of their parent(s), or ensuing separation/divorce as the few cases were, did not seem to be a guiding factor in fertility decision-making for either women with children or women with no children. It is possible that as with institutional or social influences which are often so engrained as to be invisible, interpretation of childhood experience could (just as well as could not) be named as a factor

in having or not having children. Depending on the evaluation or interpretation of available information regarding personal childhood histories, differing conclusions could be drawn.

As proffered by Lapierre-Adamcyk & Lussier (2003), most of the women from this study came from families of three children or less and as also proposed in the literature, the desire for a two-child norm is alive and well. In this study, once the norm of two children had been achieved, women did not need or want to go further; and the women with one child are either still, for at least five of them, open to having more children in order to match the ideal.

Only half of the women traced their initial intentions and desires to have or not have children to a young age, with the other half being uncertain until certain life factors (most predominantly partners), helped in the decision-making and readiness realms.

Although many areas of fertility decision-making seemed to some extent malleable or fluid, all of the women (whether with children or with no children) confirmed the necessity or prerequisite of having a partner in order to carry on with their childbearing intentions as is stated in the literature. The participants in this study showed that despite the present lack of a partner, if their intention was to have children, this still remained part of their future intentions upon finding a partner.

Women did have to (re)negotiate some of their life paths and much of this negotiation was in relation to partners. As much as partners are an important prerequisite for most of the women in this sample, they are also important agents of change to a woman's fertile life course. As mentioned in the literature, male partners have as much influence on the fertility decision-making and in some cases, more so. With the tacit implication that a man would have to leave and re-partner in order to achieve his intended family intentions, it is quite probable that some women in this research who were initially

uncertain about their own fertility intentions were persuaded (purposefully or not) by the possibility of losing their partner, to have children.

This does also point to the egalitarian nature of unions (as is characteristic in the SDT) and could be an underlying source of tension due to the shorter period of actualization for reproductive outcomes. In this study, this finding is potentially witnessed by the passive decision-making of a few of the women, who due to the (more) equal fertility decision-making between partners, were aware of their shorter reproductive timeframe, their personal indecision and their partner's desire for children.

The women in this research had been realistic in terms of their readiness with regard to where their lives were at in terms of their life factors and the support available to them in their decisions. Decisions to have children (or not) were seemingly not fraught with anxiety or despair at the way things did, or might eventually, turn out, thereby discounting a "loss aversion" scenario. As stated in the limitations, this could also be due to a posteriori rationalization as well, but illustrates the changeability of fertility decision-making as well as active decision-making.

Although one could sense a positive framing effect in support of decisions made, it was not so biased on one side or another as to intimate that decisions made with regard to having children or not having children were only viewed in all positive or all negative lights. That is also to say that the women's decisions with regard to their fertility were made ethically and with honest intent.

There were no intentional postponers among the women with children who then found themselves in a secondary infertility position or who had difficulty conceiving once they decided to have children. For the women with no children who are desiring/intending

to have children, there resides the possibility of secondary infertility due to age or circumstantial infertility due to lack of a partner.

As found in B.-Dandurand et al's (1997) study, unplanned or mistimed pregnancies were not the norm. I found, as did they, that many of the women had planned their childbearing and had used high-level contraceptives until they decided to have children. Aside from the two unexpected pregnancies, none of the women mentioned a long interval between decision-making and becoming pregnant. Seven women had mistimed pregnancies and had either an abortion and/or used the morning-after pill. Due mostly to their age, this coincides with Lapierre-Adamcyk & Lussier's (2003) presentation of the highest rates of abortion/termination being in the under 30 age group.

It would seem that women with children do not differ substantially in their decision-making from women with no children. This is perhaps because the women with no children in this study were in some cases already intentioned to make decisions with regard to having children based on their initial desires and influences.

Partners and age were without a doubt the most affecting factors with regard to fertility decision-making. In all cases, partners were the determining factor on whether to have (more) children and in some cases, to not have children. As was also shown in this thesis, women with stable partners are keenly affected by their partner, either in the carrying out of their personal intention or in the modification of their intentions to be more in line with the partners' fertility intentions.

Our biographies, like the world we live in, are not static and therefore, our decisions can change as factors are changed. The factor and decision interplay is seen well in this study where women have modified their initial intentions into expectations that have since been modified or might still be changed depending on continuing life events. I was able to

witness through these narratives, a winding path through which women negotiate life courses that were not always their intended or expected path.

Further research

A few areas for further research have emerged from this thesis. One of the first areas would be in regard to “accidental” pregnancies. It is an area that seems more commonplace than this present sample offers. It is clear that with all of the contraceptive choices and the termination options available, a woman who truly does not want children, could most likely follow a more determinant route. This does open the door however, to further exploration of passive decision-making.

Age and partner seemed to be the largest factors along with other aspects (such as finances, desire) to decide to terminate or halt conception. Unknown, but an area of further research could be the question of how they felt about their future fertility decision-making when they made the decision to terminate their pregnancy.

As stated in the conclusion, even if the literature suggests that women with no children do not see a future with children if they have no partner, the participants in this study showed that despite the present lack of a partner, if their intention was to have children, this still remained a part of their future intentions upon finding a partner. This area could be relooked at and developed in more depth.

Another area of further research could be about fertility decision-making when primary or secondary infertility is a factor, to study whether and why women decide or not on reproductive technologies.

Satisfaction with choosing one’s partner with regard to fertility (or non-fertility) outcomes could be an area for further research. Since women place a lot of emphasis on the

necessity of a partner, the actual selection criteria and successful location of said partner could be a consideration for further study.

Appendix

Questionnaire used for this thesis:

1. Please tell me a bit about yourself...Tell me who you are in a few sentences...
2. Demographics and general personal history
 - What is your birth date and/or age?
 - How many children were/are in your birth family and/or your blended family?
I am referring to the family structure that you grew up in.
 - What is your birth order in your birth family (or blended family)? Eldest, middle, youngest, fifth of eight, etc.
 - How would you describe your family life growing up?
 - What are your main cultural participations? i.e. Quebecois, Haitian, Latino, English, etc.
 - What has been your geographical history? Where have you lived, spent a lot of time at?
 - What is your educational history in a nutshell?
 - What is your civil or partnership status right now? What is your prior civil or partnership history?
 - What is your religious affiliation and participation level? Has it changed during your life?
 - Do you have any children? If so, what are their sexes and ages?
 - What activity is the primary use of your time? I.e. paid work, school, parenting, etc. What is your prior history with regard to the primary use of your time?
 - What activity is the secondary use of your time? I.e. paid work, school, parenting, etc.
 - What are some of your hobbies, if any, and how much time do you spend on them? Travelling, reading, sports, etc.
3. Motherhood and femininity
 - What is your personal concept or definition of what motherhood is? Can you describe it to me?

- In what kinds of ways, if any, do you “mother”? I.e. with your children, colleagues, animals, friends, activities, etc.)
4. Intangibles with regard to having children or not having children
- Do you remember your personal, historical intention to have children or not? And if so, how many, when, with who, etc.? (I.e. as a child, teen, young adult, early adulthood, mid-adulthood, etc.)
 - Did your personal vision change over time? Did it become a reality?
 - What do you think influenced or informed these changes?
 - Do you remember any areas of your life that may have had a bearing on your decision? I am referring to family, friends, colleagues, religion, media, culture, etc.
 - Did you have any personal anecdotes or stories with regard to your own personal decision to have or not have children?
 - What influence do you feel your partner(s) had on your decision-making with regard to having or not having children?
 - Did you openly discuss such topics?
 - Did your partner(s) share your vision about having children or not having children?
 - If applicable to you, what made you “ready” to make a concrete decision to have children or not have children?
 - How do you think your decision to have or not have children was perceived by your family, friends, co-workers, etc.? Do you have any specific examples?
5. Concrete decisions made with regard to having children or not having children
- What kinds of contraceptives have you used? Can you situate me with regard to each of your contraceptive uses in terms of time, relationship, and reasons for the contraceptive use?
 - Is there a time when you did not use contraceptives? What were the circumstances with regard to that decision? What was the outcome, if any, of that decision?
 - Has physical or mental health (yours or your partner’s) been a factor with regard to decision-making about having or not having children?
 - If applicable, did you have paid work when you had children? Did you return to paid work afterward? Did your paid work help or hinder your decision in any way?

- If applicable, was your education affected in any way by your decision to have children or not have children?

6. Concluding questions

- Can you tell me about the pros and cons of your own decision-making?
 - Can you tell me about the pros and cons of the other position?
 - Did any of these pros and cons inform or continue to inform your own decision-making?
- How do you feel about your personal decision-making (within this context)?
- What, if anything, would you have done differently with regard to your decision to have or not have children?
- What are some of your future plans/goals?
- Is there anything we have not covered that you would like to add?

Example of the consent form given to participants

CONSENT TO PARTICIPATE IN:

Fertility Decisions – Factors in having and/or not having children

I understand that I have been asked to participate in a program of research being conducted by Elizabeth Gregoire of the Department of Sociology and Anthropology of Concordia University (egregoiremt@yahoo.ca; 514-507-2992) with the supervision of Dr. Danielle Gauvreau.

A. PURPOSE

I have been informed that the purpose of the research is as follows: to gain a deeper understanding of the factors that contribute to decision-making with regard to fertility among Quebec and Ontario women between the ages of 30 and 55.

B. PROCEDURES

I understand my participation will consist primarily of being interviewed and/or completing a questionnaire. I may be asked at a subsequent time to answer follow up questions if they arise. This should take approximately two to three hours. The location of the interview (if the method chosen) will be in a setting deemed appropriate in terms of comfort and confidentiality by both the participant and the researcher.

C. RISKS AND BENEFITS

I understand that my participation in this study will entail that I volunteer very personal information and this may cause me to feel emotional or psychological discomfort. I am assured that every effort will be made to minimize these risks.

I understand that my participation in this study will contribute greatly to Elizabeth Gregoire's research in relation to the abovementioned topic and will be a springboard for greater expansion of this subject.

D. CONDITIONS OF PARTICIPATION

- I understand that the information I will share will remain strictly confidential.
- I understand that the contents will be used only for the MA Thesis and that my confidentiality will be protected. The only other persons who may request to see the gathered information are her thesis advisor, Dr. Danielle Gauvreau, and other professors named to the MA panel who may wish to verify its authenticity.
- If I so desire anonymity, I will be protected in that my full name will not appear in direct relation to any of my personal information. I may, however, be referred to by other characteristics (age, pseudonym or descriptive, i.e. Mother of one child; 39 years old; Divorced).
- The data collected through voice recordings, hand-written or e-mailed questionnaires will be kept in a secure manner.

- I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be shredded at my request.
- I understand that the data from this study may be published.
- I understand the goal of the present research and I know that there are no hidden motives of which I have not been informed.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator Dr. Danielle Gauvreau (Danielle.gauvreau@concordia.ca, 514-848-2424 ext 2138).

If at any time you have questions about your rights as a research participant, please contact the Research Ethics and Compliance Advisor, Concordia University, 514.848.2424 ex. 7481 ethics@alcor.concordia.ca

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